

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000010716
 1. Entity Name
 COAST TO COAST LAND DEVELOPERS, LLC



Principal Place of Business: 126 EAST OLYMPIA, STE. 301, PUNTA GORDA, FL 33950
 Mailing Address: 126 EAST OLYMPIA, STE. 301, PUNTA GORDA, FL 33950

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01312005 No Chg-LLC CR2E083 (10/03)

4. FEI Number: 03-0484025 Applied For / Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 NICKELSON, KIM
 126 EAST OLYMPIA, STE. 301
 PUNTA GORDA, FL 33950

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

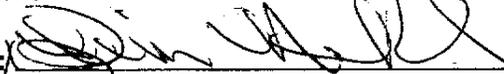
**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NICKELSON, KIM 126 EAST OLYMPIA, STE. 301 PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BISHOP, BRAD 12577 SW KINGSWAY CIRCLE LAKE SUZY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERSTON, JAMES 133 CREEK DR SE PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/25/05-80034-022 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes.

SIGNATURE:  Date: 4/21/05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE