


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90043 015 \*\*\*\*50.00

<b>DOCUMENT # L02000010716</b> 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
--	--

**DO NOT WRITE IN THIS SPACE**



03172006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 03-0484025	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2006**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

**SIGNATURE:**  **4/12/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #