

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000023151**

1. Entity Name  
**COASTAL BREEZE FINANCE, LLC**



Principal Place of Business  
**12119 PANAMA CITY BEACH PKWY  
PANAMA CITY, FL 32407**

Mailing Address  
**12119 PANAMA CITY BEACH PKWY  
PANAMA CITY, FL 32407**



03162007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-2671588**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DONALSON, ALAN H  
12119 PANAMA CITY BEACH PKWY  
PANAMA CITY, FL 32407**

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

|                |                       |
|----------------|-----------------------|
| TITLE          | P                     |
| NAME           | DONALSON, ALAN        |
| STREET ADDRESS | 41B HIDDEN ISLAND     |
| CITY-STATE-ZIP | PANAMA CITY, FL 32405 |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-STATE-ZIP |                       |
| TITLE          |                       |
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| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-STATE-ZIP |                       |

U00000763276  
05/30/07-80001-007 50.00

**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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4-30-07**

Date Daytime Phone