


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000038655	
1. Entity Name COASTAL OXYGEN & MEDICAL SUPPLY, LLC	

Principal Place of Business 2411 EXECUTIVE PLAZA OR PENSACOLA, FL 32504	Mailing Address 2970 CORAL STRIP PARKWAY GULF BREEZE, FL 32563
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01112006 No Chg-LLC

CR2E083 (11/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0296189	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PADGET, DONALD R 2970 CORAL STRIP PARKWAY GULF BREEZE, FL 32563

**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 _____ 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, 2006**

1100000420566
02/15/06-80063-007 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOCKWOOD, DAVID A 132 RASPBERRY LN CAMILLUS, NY 13031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PADGET, DONALD R 2970 CORAL STRIP PKWY GULF BREEZE, FL 32563
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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: *Donald R. Padgett, Mgr.* **1/11/06 850-393-4405**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Oaytime Phone #