


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90029 040 ****50.00

DOCUMENT # L03000055442	
1. Entity Name COASTAL CONNECTION CONSULTANTS, L.L.C.	

Principal Place of Business 4412 WINDLAKE DRIVE NICEVILLE, FL 32578	Mailing Address 4412 WINDLAKE DRIVE NICEVILLE, FL 32578
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DO NOT WRITE IN THIS SPACE



03272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ANCHORS, C. LEDON 909 MAR WALT DRIVE, STE. 1014 FORT WALTON BEACH, FL 32547
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASSING, SANDY 4412 WINDLAKE DRIVE NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CATANESE, LOUIS T 1781 MOUNT ROYAL DRIVE ATLANTA, GA 30329
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Sandy Massing* 3-27-07 850-586-5003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #