

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002473

Entity Name: COASTAL TRADITIONS, LLC

FILED
Apr 04, 2007
Secretary of State

Current Principal Place of Business:

3922 MONTEREY PINES TRAIL
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

3922 MONTEREY PINES TRAIL
TALLAHASSEE, FL 32309 US

New Mailing Address:

FEI Number: 90-0133129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DRIVER, WALTER J
3922 MONTEREY PINES TRAIL
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DRIVER, WALTER J
Address: 3922 MONTEREY PINES TRAIL
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: MGRM () Delete
Name: BAILEY, MELVIN F
Address: 4028 WALDEN ROAD
City-St-Zip: VALDOSTA, GA 31605 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BAILEY, MELVIN F
Address: 1091 RIDGE ROAD
City-St-Zip: VALDOSTA, GA 31605 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WALTER J DRIVER

MGRM

04/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date