## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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## DOCUMENT # L04000005566

1. Entity Name

COASTAL WELL DRILLING L.L.C.



FILED
Jan 18, 2008 08:00 AM
Secretary of State

Principal Place of Business

11939 RACCOON ROAD SOUTHPORT, FL 32409

Mailing Address

11939 RACCOON ROAD SOUTHPORT, FL 32409



01162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE Applied For

Not Applicable

5. Certificate of Status Desired

3

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CREAMER, EARLY VERNON 11939 RACCOON ROAD SOUTHPORT, FL 32409

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8.	<ul> <li>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.</li> <li>the obligations of registered agent.</li> </ul>	l am familiar with, and accept
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-	IONATION .	

(NOTE: Registered Agent aignature required when reinstating)

FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000789757 01/23/08-80006-004 143.75

DATE

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
CREAMER, EARLY VERNON

STREET ADDRESS 11939 RACCOON ROAD
CITY-ST-ZIP SOUTHPORT, FL 32409

Signature, typed or printed name of registered egent and title if applicable

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE

NAME

STREET ADDRESS CITY-ST-ZIP ; TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

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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: Early Vision Cremes

1-17-08

850-265-4128

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