

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033674

FILED  
May 02, 2008  
Secretary of State

Entity Name: COASTAL GATHERINGS, LLC

## Current Principal Place of Business:

1211 E STRONG STREET  
DO NOT SEND MAIL TO THIS ADDRESS  
PENSACOLA, FL 32501

## New Principal Place of Business:

8755 SCENIC HILLS DRIVE  
DO NOT SEND MAIL TO THIS ADDRESS  
PENSACOLA, FL 32514

## Current Mailing Address:

PO BOX 12342  
PENSACOLA, FL 32591

## New Mailing Address:

FEI Number: 20-1080341      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

COASTAL GATHERINGS  
1211 E STRONG STREET  
DO NOT SEND MAIL TO THIS ADDRESS  
PENSACOLA, FL 32501 US

## Name and Address of New Registered Agent:

COOLEY, K  
8755 SCENIC HILLS DRIVE  
DO NOT SEND MAIL TO THIS ADDRESS  
PENSACOLA, FL 32591 US

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: K COOLEY

05/02/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: COOLEY, K  
Address: PO BOX 12342  
City-St-Zip: PENSACOLA, FL 32591

## ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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: K COOLEY

CEO

05/02/2008

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