

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044748

FILED  
Jul 13, 2006  
Secretary of State

**Entity Name:** COASTAL INTER-LOCKING PAVERS, LLC

**Current Principal Place of Business:**

527 VERA CRUZ  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

527 VERA CRUZ  
DESTIN, FL 32541

**New Mailing Address:**

FEI Number: 56-2465328      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:**

DEWITT, KATHY L  
527 VERA CRUZ  
DESTIN, FL 32541      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: MOORE, JERRY W SR.  
Address: 527 VERA CRUZ  
City-St-Zip: DESTIN, FL 32541

Title: MGR      ( ) Delete  
Name: DAVIS, DANNY M  
Address: 201 CEDAR RIDGE WAY  
City-St-Zip: NICEVILLE, FL 32578

**ADDITIONS/CHANGES:**

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

Title: MGR      (X) Change ( ) Addition  
Name: SMITH, ALLEN M  
Address: 55 PINE RIDGE TRACE  
City-St-Zip: DESTIN, FL 32541

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: JERRY W. MOORE

MGM

07/13/2006

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