
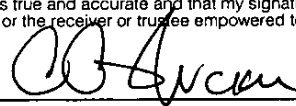


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90029 036 ****50.00

DOCUMENT # L04000055524					
1. Entity Name COASTAL TITLE ASSURANCE, LLC					
Principal Place of Business 131 LEGEND LAKES DR. PANAMA CITY, FL 32411			Mailing Address P.O. BOX 28016 PANAMA CITY, FL 32411		
2. Principal Place of Business 8317 FRONT BEACH ROAD		3. Mailing Address 8317 FRONT BEACH ROAD			
Suite, Apt. #, etc. SUITE 37-C		Suite, Apt. #, etc. SUITE 37-C			
City & State PANAMA CITY BEACH FL		City & State PANAMA CITY BEACH FL		4. FEI Number 27-0099597	
Zip 32407		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COX, T. RYAN 131 LEGEND LAKES DR. PANAMA CITY, FL 32411			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COX, T. RYAN 131 LEGEND LAKES DR. PANAMA CITY, FL 32411 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GORTERMOLLER, JAMES 208 GOLF CIRCLE PANAMA CITY, FL 32411 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAINES, PARKER 208 GOLF CIRCLE PANAMA CITY, FL 32411 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHARLES G. TUCKER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 603 KRISTANNA DRIVE PANAMA CITY FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				Date 4-21-05 Daytime Phone # 850-249-2157	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					