


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000055524</b> 1. Entity Name COASTAL TITLE ASSURANCE, LLC	
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Principal Place of Business 8317 FRONT BEACH ROAD SUITE 37-C PANAMA CITY BEACH, FL 32407	Mailing Address 8317 FRONT BEACH ROAD SUITE 37-C PANAMA CITY BEACH, FL 32407
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03272006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
27-0099597

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

COX, T. RYAN  
131 LEGEND LAKES DR.  
PANAMA CITY, FL 32411

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

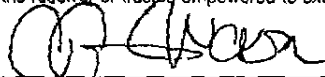
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COX, T. RYAN 131 LEGEND LAKES DR. PANAMA CITY, FL 32411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GORTMOLLER, JAMES 208 GOLF CIRCLE PANAMA CITY, FL 32411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAINES, PARKER 208 GOLF CIRCLE PANAMA CITY, FL 32411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TUCKER, CHARLES G. 603 KRISTANNA DRIVE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000485241  
04/12/06-80076-1003 50.00

**DO NOT WRITE  
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:**



CHARLES G. TUCKER

3-27-06 850 249-2157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #