

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055524

FILED
Jan 04, 2007
Secretary of State

Entity Name: COASTAL TITLE ASSURANCE, LLC

Current Principal Place of Business:

8317 FRONT BEACH ROAD
SUITE 37-C
PANAMA CITY BEACH, FL 32407

New Principal Place of Business:

Current Mailing Address:

8317 FRONT BEACH ROAD
SUITE 37-C
PANAMA CITY BEACH, FL 32407

New Mailing Address:

FEI Number: 27-0099597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, T. RYAN
131 LEGEND LAKES DR.
PANAMA CITY, FL 32411 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: COX, T. RYAN
Address: 131 LEGEND LAKES DR.
City-St-Zip: PANAMA CITY, FL 32411

Title: MGR () Delete
Name: GORTMOLLER, JAMES
Address: 208 GOLF CIRCLE
City-St-Zip: PANAMA CITY, FL 32411

Title: MGR () Delete
Name: RAINES, PARKER
Address: 208 GOLF CIRCLE
City-St-Zip: PANAMA CITY, FL 32411

Title: MGR (X) Delete
Name: TUCKER, CHARLES G.
Address: 603 KRISTANNA DRIVE
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: TUCKER, CHARLES G.
Address: 603 KRISTANNA DRIVE
City-St-Zip: PANAMA CITY, FL 32405

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

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: T. RYAN COX

MGRM

01/04/2007

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