

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 27, 2005 8:00 am**  
**Secretary of State**

07-27-2005 90014 014 \*\*\*\*50.00

<b>DOCUMENT # L04000062949</b> 1. Entity Name <b>COASTA-COLA, L.L.C.</b>					
Principal Place of Business <b>103 ST. JOSEPH DRIVE PORT ST. JOE, FL 32456</b>			Mailing Address <b>103 ST. JOSEPH DRIVE PORT ST. JOE, FL 32456</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 370</b> Suite, Apt. #, etc.			
City & State Zip		City & State <b>APALACHICOLA, FL</b> Zip <b>32329</b>		Country <b>USA</b>	
4. FEI Number <b>20-2435413</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				07262005- Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>NORTON, JAMES P 103 ST. JOSEPH DRIVE PORT ST. JOE, FL 32456</b>			7. Name and Address of New Registered Agent Name <b>DONNIE GAY</b> Street Address (P.O. Box Number is Not Acceptable) <b>274 N. BAYSHORE DR</b> City <b>EAST POINT, FL</b> Zip Code <b>32328</b>		
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 <u><i>Donnie Gay</i></u> DATE <u>7/26/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORTON, JAMES P 103 ST. JOSEPH DRIVE PORT ST. JOE, FL 32456	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEST, ELWOOD L JR PO BOX 27611 PANAMA CITY BEACH, FL 32411	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARCUS W. EDENFIELD 30 MYRTLE STREET APALACHICOLA, FL 32320	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARCUS W. EDENFIELD 30 MYRTLE STREET APALACHICOLA, FL 32320	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARCUS W. EDENFIELD 30 MYRTLE STREET APALACHICOLA, FL 32320	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARCUS W. EDENFIELD 30 MYRTLE STREET APALACHICOLA, FL 32320	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARCUS W. EDENFIELD 30 MYRTLE STREET APALACHICOLA, FL 32320	<input type="checkbox"/> Delete			
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: <u><i>Donnie Gay</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>7/26/05</u> Daytime Phone # <u>850-653-8805</u>		