2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L04000062949

Entity Name: COASTA-COLA, L.L.C.

Current Principal Place of Business:

103 ST. JOSEPH DRIVE
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

PO BOX 370
APALACHICOLA, FL 32329

New Mailing Address:

FEI Number: 20-2435413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAY, DONNIE
274 N. BAYSHORE DRIVE
EASTPOINT, FL 32328 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:	NORTON, JAMES P	
Address:	103 ST. JOSEPH DRIVE	
City-St-Zip:	PORT ST. JOE, FL 32456	
Title:	MGRM	( ) Delete
Name:	WEST, ELWOOD L JR	
Address:	PO BOX 27611	
City-St-Zip:	PANAMA CITY BEACH, FL 32411	
Title:	MGRM	( ) Delete
Name:	EDENFIELD, MARCUS W	
Address:	30 MYRTLE STREET	
City-St-Zip:	APALACHICOLA, FL 32320	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ELWOOD WEST MM 04/28/2006

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