

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90036 030 ****50.00

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1. Entity Name
 "E" COAST ENTERPRISES, LLC

Principal Place of Business
 2305 US HWY 98 W
 SANTA ROSA BEACH, FL 32459

Mailing Address
 P.O. BOX 1381
 SANTA ROSA BEACH, FL 32459

20030571



2. Principal Place of Business

3. Mailing Address

4961 Audubon Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302006 Chg-LLC CR2E083 (11/05)

City & State

City & State
 Mobile, AL

4. FEI Number
 20-1703206

Applied For
 Not Applicable

Zip Country

Zip Country

36619

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEDBETTER, FRANK
 2305 US HWY 98 W
 SANTA ROSA BEACH, FL 32459

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR Delete
 NAME LEDBETTER, FRANK
 STREET ADDRESS P.O. BOX 1381
 CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE Change Addition
 NAME
 STREET ADDRESS 4961 Audubon Drive
 CITY-ST-ZIP Mobile, AL 36619

TITLE MGR Delete
 NAME CORLEY, MACK
 STREET ADDRESS 4161 HWY 30-A
 CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE Change Addition
 NAME
 STREET ADDRESS 156 Garfield Street
 CITY-ST-ZIP Santa Rosa Beach, FL 32459

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

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

4/13/06 251-661-2941

Date

Daytime Phone #