

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000066998**

1. Entity Name  
**COASTAL PROPERTY MANAGEMENT OF VOLUSIA  
COUNTY, LLC**



Principal Place of Business  
**4635 SAXON DRIVE  
NEW SMYRNA BEACH, FL 32169**

Mailing Address  
**4635 SAXON DRIVE  
NEW SMYRNA BEACH, FL 32169**



03052007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2443528</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

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

**SCHOETTLER, GWEN  
4635 SAXON DRIVE  
NEW SMYRNA BEACH, FL 32169**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SCHOETTLER, GWEN 4635 SAXON DRIVE NEW SMYRNA BEACH, FL 32169</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SCHOETTLER, THOMAS 4635 SAXON DRIVE NEW SMYRNA BEACH, FL 32169</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/30/07-80016-012 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:** *Gwen Schuetter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*3.7.07*

Date

Daytime Phone #