

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085800

**FILED**  
**Jan 10, 2007**  
**Secretary of State**

**Entity Name:** COASTAL RAILROAD CONSTRUCTION, LLC

**Current Principal Place of Business:**

P.O. BOX 2982  
PONTE VEDRA BEACH, FL 32004

**New Principal Place of Business:**

170 VERA CRUZ DRIVE  
#332  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

P.O. BOX 2982  
PONTE VEDRA BEACH, FL 32004

**New Mailing Address:**

FEI Number: 76-0772584      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR      ( ) Delete  
Name: DEATON, JASON M  
Address: 170 VERA CRUZ DRIVE #332  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR      ( ) Delete  
Name: DEATON, SHAWN  
Address: 4 RIPTIDE PLACE  
City-St-Zip: PALM COAST, FL 32164

**ADDITIONS/CHANGES:**

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: JASON M DEATON

MGR

01/10/2007

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