

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089168

FILED
Apr 29, 2007
Secretary of State

Entity Name: CAPITAL COAST INVESTMENTS, LLC

Current Principal Place of Business:

23223 FRONT BEACH ROAD
UNIT # A-502
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH, FL 32547

New Mailing Address:

300 NORTH DEAN RD
SUITE 5188
AUBURN, FL 36830

FEI Number: 55-0887635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANCHORS, C. LEDON
909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH, FL 32547 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: JAMES, CAL JR.
Address: 300 NORTH DEAN ROAD, SUITE 5188
City-St-Zip: AUBURN, AL 36830

Title: MGR () Delete
Name: HALLEY, JAMES
Address: 2240 LAKE PAGE DRIVE
City-St-Zip: COLLIERVILLE, TN 38017

Title: MGR () Delete
Name: BALL, FRED
Address: 1000 LIBERTY GROVE ROAD
City-St-Zip: ALPHARETTA, GA 30004

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 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: CAL JAMES, JR.

MGRM

04/29/2007

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