


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**DOCUMENT # L0500000633**

1. Entity Name  
**NATURE COAST LIGHTHOUSE REALTY, LLC**



FILED

2007 NOV 14 PM 1:27

Principal Place of Business      Mailing Address

911 S. HIGHWAY 19      911 S. HIGHWAY 19  
CRYSTAL RIVER FL 34429      CRYSTAL RIVER FL 34429 *ehong*  
US      US



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

*537 N. CITRUS AVE*      *537 N. CITRUS AVE*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

2nd MOORE      CR2E083 (4/07)

City & State      City & State

*CRYSTAL RIVER, FL*      *CRYSTAL RIVER, FL*

Zip      Country      Zip      Country

*34428*           *34428*           US      US

4. FEI Number      Applied For

**20-2132410**       Not Applicable

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

6. Name and Address of Current Registered Agent

**HECKMAN, ED**  
**911 S. HIGHWAY 19**  
**CRYSTAL RIVER FL 34429**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>KELLEY, J.W.</b> <b>911 S. HIGHWAY 19</b> <b>CRYSTAL RIVER FL 34429</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>700112125897</b> <b>11/08/07--01040--001 **55.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>HECKMAN, JO ANN</b> <b>911 S. HIGHWAY 19</b> <b>CRYSTAL RIVER FL 34429</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

STATEMENT OF

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:** *Ed Heckman*      *8/15/07*      *364-1810*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #