

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000000633

1. Entity Name

NATURE COAST LIGHTHOUSE REALTY, LLC



FILED

2007 NOV 14 PM 1:27

Principal Place of Business

911 S. HIGHWAY 19
CRYSTAL RIVER FL 34429
US

Mailing Address

911 S. HIGHWAY 19
CRYSTAL RIVER FL 34429
US

SECRETARY OF STATE



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

537 N. CITRUS AVE

3. Mailing Address

537 N. CITRUS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/07)

City & State

CRYSTAL RIVER, FL

City & State

CRYSTAL RIVER, FL

4. FEI Number

20-2132410

Applied For

Not Applicable

Zip

34428

Country

Zip

34428

Country

5. Certificate of Status Desired

X

\$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

Signature, typed or printed name of registered agent and title if applicable

(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

TITLE	MGR	<input type="checkbox"/> Delete
NAME	KELLEY, J.W.	
STREET ADDRESS	911 S. HIGHWAY 19	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HECKMAN, JO ANN	
STREET ADDRESS	911 S. HIGHWAY 19	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700112125897	
CITY-ST-ZIP	11/08/07--01040--001 **55.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

Ed Heckman

8/15/07

364-1810