


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000012397	
1. Entity Name COASTAL VISION VENTURES, LLC	

Principal Place of Business 150 LENNELL UNIT 501 SOUTH FORT MYERS BEACH, FL 33931	Mailing Address 1715 DEAN RD., SUITE B TEMPERANCE, MI 48182
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02072007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2349634	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ZIEGLER, JEFFREY M
 150 LENNELL
 UNIT 501
 SOUTH FORT MYERS BEACH, FL 33931

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	MGR KEELER, ANTHONY A 2516 RAUCH RD TEMPERANCE, MI 48182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZIEGLER, JEFFREY M 3185 DEER CREEK LAMBERTVILL, MI 48144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAUMAN, BENJAMIN E 11475 JENNINGS DR. PETERSBURG, FL 49270
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  **2/19/07** **(419)297-5708**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #