

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030268

FILED
Apr 30, 2007
Secretary of State

Entity Name: COASTAL CONSULTING ASSOCIATES, LLC

Current Principal Place of Business:

P.O. BOX 2831
INVERNESS, FL 34451

New Principal Place of Business:

TULIP LANE
INVERNESS, FL 34451

Current Mailing Address:

P.O. BOX 2831
INVERNESS, FL 34451

New Mailing Address:

FEI Number: 20-2598680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBBINS, JAMES N
303 TULIP LANE
INVERNESS, FL 34452 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: ROBBINS, JAMES N
Address: 303 TULIP LANE
City-St-Zip: INVERNESS, FL 34452

Title: MGRM () Delete
Name: PITTS, JOSEPH M
Address: 221 WEST LIBERTY AVE.
City-St-Zip: HERNANDO, FL 34442

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 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: JAMES N. ROBBINS

MGRM

04/30/2007

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