## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000037803

Entity Name: COSTA CARINA, LLC

1200 SLY DRIVE

BAKER, FL 32531

Address:

City-St-Zip:

FILED Jan 11, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 721 ASHLEY DRIVE DESTIN, FL 32540 CRESTVIEW, FL 32536 **Current Mailing Address: New Mailing Address:** 721 ASHLEY DRIVE PO BOX 456 DESTIN, FL 32540 CRESTVIEW, FL 32536 FEI Number: 20-3259372 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCNEESE, RICHARD S 36468 EMÉRALD COAST PARKWAY **SUITE 1201** DESTIN, FL 32541 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SPEARS, TIMOTHY D Name: Name: 646 INDIGO LOOP NORTH Address: Address: City-St-Zip: MIRAMAR BEACH, FL 32550 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BARTON, JAMES L Name: Address: 5 CANOE COURT Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BINKLEY, ROSS S Name: Name: Address: 434 BENNING DRIVE Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: MAINOR, JAMES B Name: Address: 6115 N. HWY 189 Address: City-St-Zip: BAKER, FL 32531 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition GUSTIN, SHANNON J Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: TIMOTHY D. SPEARS MGMR 01/11/2007