

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 A
Secretary of State

DOCUMENT # L05000038211 1. Entity Name SIX TALENTS INVESTMENT GROUP, LLC	
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Principal Place of Business 111 BEAL PARKWAY SE FT WALTON BEACH, FL 32548 US	Mailing Address 111 BEAL PARKWAY SE FT WALTON BEACH, FL 32548 US
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01032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2171746	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**COASTAL REALTY CORP.
111 BEAL PARKWAY SE
FT WALTON BEACH, FL 32548**

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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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUDGENS, ROBERT S 256 VENTURA CIRCLE NW FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENNINGTON, BRIAN S 48 COUNTRY CLUB ROAD SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GETTING, JAMES A 2568 PALM SHORES DRIVE SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MINTER, CHARLES F JR 20 PEBBLE BEACH DRIVE SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALKER, K. WAYNE 906 AVALON LANE SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JENNINGS, WM PAUL 619 LAKEVIEW ROAD NW FORT WALTON BEACH, FL 32547

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01/10/07-80001-017 50.00

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/3/07 850 244 2100

ROBERT S. HUDGENS