2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2007
Secretary of State

DOCUMENT# L05000051110

Entity Name: COAST ENTERPRISES, LLC

Current Principal Place of Business:

1300 SHORELINE DRIVE
GULF BREEZE, FL 32561 US

New Principal Place of Business:

Current Mailing Address:

1300 SHORELINE DRIVE
GULF BREEZE, FL 32561 US

New Mailing Address:

FEI Number: 20-2880063 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCHROTH, ALFRED A
1300 SHORELINE DRIVE
GULF BREEZE, FL 32561 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: SCHROTH, ALFRED A
Address: 205 DOLPHIN STREET
City-St-Zip: GULF BREEZE, FL 32561

Title: MGRM ( ) Delete
Name: DAVITZ, RAYMOND G
Address: 1541 BAY WOODS ROAD
City-St-Zip: GULF BREEZE, FL 32563

Title: MGRM ( ) Delete
Name: LANG, CARRIE A
Address: 1338 WINDSOR PARK ROAD
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: ALFRED A SCHROTH MGRM 02/23/2007

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