

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L05000053082

1. Entity Name  
ISLAND COAST CONTRACTING, LLC



Principal Place of Business  
24403 JEAN LAFITTE BLVD.  
PUNTA GORDA, FL 33955

Mailing Address  
24403 JEAN LAFITTE BLVD.  
PUNTA GORDA, FL 33955



02272007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 55-0897796	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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

**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 \_\_\_\_\_

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	MGR GRAY, THOMAS A 24403 JEAN LAFITTE BLVD. PUNTA GORDA, FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWIONTEK, SHAWN 24403 JEAN LAFITTE BLVD. PUNTA GORDA, FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAY, CORINNE 24403 JEAN LAFITTE BLVD. PUNTA GORDA, FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAY, THOMAS A 24403 JEAN LAFITTE BLVD. PUNTA GORDA, FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000716128  
04/29/07-80003-024 50.00

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

4/4/07

Date

941.505.7711

Daytime Phone #