

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000057212

1. Entity Name
COASTAL LIVING DEVELOPMENT, LLC



Principal Place of Business

545 WAHOO ROAD
PANAMA CITY, FL 32408 US

Mailing Address

PO BOX 27790
PANAMA CITY, FL 32411 US

DO NOT WRITE IN THIS SPACE



02252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2966063

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACK, THEODORE E
803 N. CALHOUN STREET
TALLAHASSEE, FL 32303

**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 reappointing)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GUMMELS, KENNETH P
545 WAHOO ROAD
PANAMA CITY, FL 32408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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03/13/07-80044-009 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.

Kenneth P. Gummels, Manager

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/26/2007 850-233-8800

Date

Daytime Phone #