

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000096432

1. Entity Name
COYOTE CROSSING, LLC



Principal Place of Business
**7026 LITTLE ROAD
NEW PORT RICHEY, FL 34654**

Mailing Address
**7026 LITTLE ROAD
NEW PORT RICHEY, FL 34654**



02052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3564129	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**KALOGIANIS & ASSOCIATES, P.A.
6611 U.S. HIGHWAY 19, SUITE 507
NEW PORT RICHEY, FL 34652**

**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**

04/05/07-80047-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KALOGIANIS, CONSTANTINE
STREET ADDRESS	6611 U.S. HIGHWAY 19, SUITE 507
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652

TITLE	MGR
NAME	MOURTAKOS, ALEXANDER N
STREET ADDRESS	1244 SOUTH PINELLAS AVENUE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689

TITLE	MGR
NAME	MANUEL, PAUL
STREET ADDRESS	7026 LITTLE ROAD
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 #

3/26/07 727 849-8010