

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119155

FILED  
Apr 19, 2006  
Secretary of State

Entity Name: COD'S POINT, LLC

## Current Principal Place of Business:

911 CHESTNUT STREET  
CLEARWATER, FL 33756

## New Principal Place of Business:

P.O. BOX 155  
TRAPPE, MD 21673 US

## Current Mailing Address:

911 CHESTNUT STREET  
CLEARWATER, FL 33756

## New Mailing Address:

911 CHESTNUT STREET  
CLEARWATER, FL 33756 US

FEI Number: 20-3967723

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARKHAM, MICHAEL C  
911 CHESTNUT STREET  
CLEARWATER, FL 33756 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: M ( ) Change (X) Addition  
Name: MARKHAM, MICHAEL C  
Address: 911 CHESTNUT STREET  
City-St-Zip: CLEARWATER, FL 33756 US

Title: M ( ) Change (X) Addition  
Name: BUTZ, GLORIA  
Address: P.O. BOX 155  
City-St-Zip: TRAPPE, MD 21673 US

Title: M ( ) Change (X) Addition  
Name: MANN, KEN  
Address: P.O. BOX 155  
City-St-Zip: TRAPPE, MD 21673 US

Title: M ( ) Change (X) Addition  
Name: MANN, THOMAS  
Address: P.O. BOX 155  
City-St-Zip: TRAPPE, MD 21673 US

Title: M ( ) Change (X) Addition  
Name: BEALL, JOHN  
Address: P.O. BOX 155  
City-St-Zip: TRAPPE, MD 21673 US

Title: M ( ) Change (X) Addition  
Name: COASTAL BLUE MD CP,, LLC  
Address: P.O. BOX 155  
City-St-Zip: TRAPPE, MD 21673 US

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: MICHAEL C. MARKHAM

M

04/19/2006

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