2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2007
Secretary of State

DOCUMENT# L05000119155

Entity Name: COD'S POINT, LLC

Current Principal Place of Business:

P.O. BOX 155
TRAPPE, MD 21673 US

New Principal Place of Business:

911 CHESTNUT STREET
CLEARWATER, FL 33756 US

Current Mailing Address:

911 CHESTNUT STREET
CLEARWATER, FL 33756 US

New Mailing Address:

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:	M	( ) Delete
Name:	MARKHAM, MICHAEL C	
Address:	911 CHESTNUT STREET	
City-St-Zip:	CLEARWATER, FL 33756 US	
Title:	M	( ) Delete
Name:	BUTZ, GLORIA	
Address:	P.O. BOX 155	
City-St-Zip:	TRAPPE, MD 21673 US	
Title:	M	( ) Delete
Name:	MANN, KEN	
Address:	P.O. BOX 155	
City-St-Zip:	TRAPPE, MD 21673 US	
Title:	M	( ) Delete
Name:	MANN, THOMAS	
Address:	P.O. BOX 155	
City-St-Zip:	TRAPPE, MD 21673 US	
Title:	M	( ) Delete
Name:	BEALL, JOHN	
Address:	P.O. BOX 155	
City-St-Zip:	TRAPPE, MD 21673 US	
Title:	M	( ) Delete
Name:	COASTAL BLUE MD CP,, LLC	
Address:	P.O. BOX 155	
City-St-Zip:	TRAPPE, MD 21673 US	

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:	
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: MICHAEL C. MARKHAM M 02/06/2007

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