


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 13, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90377 001 \*\*\*300.00

|   |   |
|---|---|
| <b>DOCUMENT # L06000009072</b>                          |  |
| 1. Entity Name<br><b>COTTAGES AT COASTAL PINES, LLC</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>215 SIGNAL LANE<br/>PORT ST. JOE, FL 32456</b> | Mailing Address<br><b>215 SIGNAL LANE<br/>PORT ST. JOE, FL 32456</b> |
|--|--|

30010587

|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address<br><b>1534 104 71 Jo St</b> |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc.                            |
| City & State                                   | City & State<br><b>Wesley Chapel, FL</b>       |
| Zip  | Country  |
|  | <b>3246</b>                                    |



04252007 Chg-LLC CR2E083 (12/06)

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>LASOTA, STEVE M<br/>220 MCKENZIE AVENUE<br/>PANAMA CITY, FL 32401</b> |  |
|---|--|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | Zip Code |

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**

**Make check payable to  
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>INSPIRE DEVELOPMENTS OF THE GULF COAST LLC<br>215 SIGNAL LANE<br>PORT ST. JOE, FL 32456 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 606, Florida Statutes.

**SIGNATURE:**

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

Date

Daytime Phone #