


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90161 030 ****50.00

DOCUMENT # L06000038364	
1. Entity Name COASTAL DISASTER CONSULTANTS, LLC	

Principal Place of Business 228 CREWILLA DRIVE FORT WALTON BEACH FL 32548	Mailing Address 228 CREWILLA DRIVE FORT WALTON BEACH FL 32548
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2. Principal Place of Business - No P.O. Box # 228 CREWILLA DR	3. Mailing Address SAME
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc.

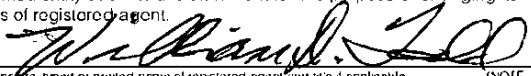
City & State FT. WALTON BEACH, FL.	City & State
Zip 32544	Country OKALOOSA



1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent ANCHORS, C. LEDON 909 MAR WALT DRIVE SUITE 1014 FORT WALTON BEACH FL 32547	
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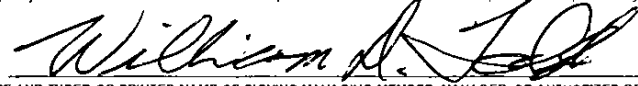
7. Name and Address of New Registered Agent	
Name W. D. Todd	
Street Address (P.O. Box Number is Not Acceptable) 228 CREWILLA DRIVE	
City FT. WALTON BEACH FL	Zip Code 32544

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 	DATE 3-9-07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM TODD, WILLIAM D 228 CREWILLA DRIVE FORT WALTON BEACH FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	N/A <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	N/A <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 Section 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: 	DATE: 3-9-07	DAYTIME PHONE: 450-936-2127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		