


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000055874		
1. Entity Name COIL LLC		

FILED

2007 NOV 13 P 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05/07/07 90376 045 \$50  
04182007 chg-LLC CR2E083 (12/06)

Principal Place of Business 3 ANCHOR DR. INDIAN HARBOR BEACH, FL 32937		Mailing Address 3 ANCHOR DR. INDIAN HARBOR BEACH, FL 32937	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  BRASINGTON, ERIC A 3 ANCHOR DR. INDIAN HARBOR BEACH, FL 32937		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRASINGTON, ERIC A 3 ANCHOR DR. INDIAN HARBOR BEACH, FL 32937 <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	MGRM BRASINGTON, KIRK C 156 EAST DOVER ST. SATELLITE BEACH, FL 32937 <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	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT** 67

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

4/18/07

Daytime Phone #

**DOUGLASS A. PERSON, CPA, P.A.**  
**CERTIFIED PUBLIC ACCOUNTANTS**

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October 19, 2007

Florida Department of State  
Division of Corporations  
P.O. Box 8800  
Tallahassee, FL 32314

Entity Name: COIL LLC  
Document # L06000055874

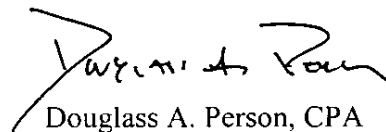
To Whom It May Concern:

I am the accountant for the above referenced entity and I am responding to your Notice of Dissolution or Revocation for failure to file the 2007 annual report.

I have enclosed a copy of the signed annual report and copies of the front and back of check number 203 in the amount of \$50.00.

Please make the status of my clients account active. Should you have any questions, please contact my office.

Sincerely,  
DOUGLASS A. PERSON, CPA, P.A.



Douglass A. Person, CPA

DAP/dlk  
Enclosures  
Cc: COIL LLC