

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057785

FILED
May 20, 2007
Secretary of State

Entity Name: COASTAL JOINT VENTURES, LLC

Current Principal Place of Business:

716 W. PT. WASHINGTON RD.
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

716 W. PT. WASHINGTON RD.
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 20-4997846 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DAVIS, TIFFANY
716 W. PT. WASHINGTON RD.
SANTA ROSA BEACH, FL 32459 US

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: MGRM () Delete
Name: DAVIS, TIFFANY
Address: 716 W. PT. WASHINGTON RD.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM () Delete
Name: OWEN, PHILLIP C
Address: 355 MULLETT DR.
City-St-Zip: FREEPORT, FL 32439

Title: MGRM () Delete
Name: OWEN, CHRISTINE
Address: 355 MULLETT DR.
City-St-Zip: FREEPORT, FL 32439

Title: MGRM () Delete
Name: DAVIS, JEFFREY A
Address: 716 W. PT. WASHINGTON
City-St-Zip: SANTA ROSA BEACH, FL 32459

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:

I hereby certify that the information supplied with this filing does not qualify 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: TIFFANY DAVIS

PRES

05/20/2007

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