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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000067836

1. Entity Name
COACH CONSTRUCTION, LLC

Principal Place of Business	Mailing Address
7702 DOUBLETON DRIVE DELRAY BEACH, FL 33446	7702 DOUBLETON DRIVE DELRAY BEACH, FL 33446

07112007 Chg-LLC CR2E083 (12/06)

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 37-1546545 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA STORM PROTECTION UNLIMITED LLC
1700 WOOLBRIGHT RD., SUITE 7
BOYNTON BEACH, FL 33426

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRAVERS, THOMAS 7702 DOUBLETON DRIVE DELRAY BEACH, FL 33446	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 608, Florida Statutes.

SIGNATURE: THOMAS TRAVERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT 600528O7 #L0600001678 36

Form **SS-4** (Rev February 2006) Department of the Treasury Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

► See separate instructions for each line. ► Keep a copy for your records.

OMB No. 1545-0003

EIN 37-1546545

TYPE OR PRINT CLEARLY

1 Legal name of entity (or individual) for whom the EIN is being requested
COACH CONSTRUCTION LLC

2 Trade name of business (if different from name on line 1)

3 Executor, administrator, trustee, 'care of' name

4a Mailing address (room, apartment, suite number, and street, or P.O. box)
7702 DOUBLETON DRIVE

5a Street address (if different) (Do not enter a P.O. box)

4b City / State / ZIP Code
DELRAY BEACH FL 33446

5b City / State / ZIP Code
DELRAY BEACH FL 33446

6 County and state where principal business is located

7a Name of principal officer, general partner, grantor, owner, or trustor
THOMAS TRAVERS MEMBER/MANAGER

7b SSN, ITIN, or EIN
157-36-7681

8a Type of entity (check only one box)

- [ ] Sole proprietor (SSN) ____
- [ ] Partnership
- [X] Corporation (enter form number to be filed) ► ____ Single-Member
- [ ] Personal service corporation
- [ ] Church or church-controlled organization
- [ ] Other nonprofit organization (specify) ►
- [ ] Other (specify) ► CONSTRUCTION REPAIRS
- [ ] Estate (SSN of decedent) ____
- [ ] Plan administrator (SSN) ____
- [ ] Trust (SSN of grantor) ____
- [ ] National Guard
- [ ] Farmers' cooperative
- [ ] REMIC
- [ ] State/local government
- [ ] Federal government/military
- [ ] Indian tribal governments/enterprises

Group Exemption Number (GEN) ►

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: ____ Foreign country: ____

9 Reason for applying (check only one box)

- [X] Started new business (specify type) ► LLC
- [ ] Hired employees (Check the box and see line 12.)
- [ ] Compliance with IRS withholding regulations
- [ ] Other (specify) ►
- [ ] Banking purpose (specify purpose) ►
- [ ] Changed type of organization (specify new type) ►
- [ ] Purchased going business
- [ ] Created a trust (specify type) ►
- [ ] Created a pension plan (specify type) ►

10 Date business started or acquired (month, day, year). See instructions.
06/20/06

11 Closing month of accounting year
DECEMBER

12 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ►

13 Highest number of employees expected in the next 12 months (enter -0- if none).

Agricultural	Household	Other
0	0	0

Do you expect to have $1,000 or less in employment tax liability for the calendar year?
[X] Yes [ ] No. (If you expect to pay $4,000 or less in wages, you can mark yes.)

14 Check one box that best describes the principal activity of your business.

- [X] Construction
- [ ] Real estate
- [ ] Rental & leasing
- [ ] Manufacturing
- [ ] Transportation & warehousing
- [ ] Finance & insurance
- [ ] Health care & social assistance
- [ ] Accommodation & food service
- [ ] Other (specify)
- [ ] Wholesale-agent/broker
- [ ] Wholesale-other
- [ ] Retail

15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
REPAIR RESIDENTIAL COMMERCIAL STRUCTURES

16a Has the applicant ever applied for an employer identification number for this or any other business? [ ] Yes [ ] No
Note: If 'Yes,' please complete lines 16b and 16c.

16b If you checked 'Yes' on line 15a, give applicant's legal name & trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► ____
Trade name ► ____

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (month, day, year)	City and state where filed	Previous EIN

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name	Designee's telephone number (include area code)
CARMEN ANGELO JR	(440) 891-1555
Address and ZIP code	Designee's fax number (include area code)
7552 PEARL RD #A, MIDDLEBURG HTS., OH 44130	(440) 891-9929

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ► THOMAS TRAVERS MEMBER/MANAGER — Applicant's telephone number (include area code): (440) 669-7723

Signature ► [signature] Date ► 7/11/07 — Applicant's fax number (include area code): (561) 496-4183