


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/9/2007-90034-015-\$50.00-\$50.00

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L06000107377</b>					
1. Entity Name COASTAL PROPERTIES MAINTENANCE SERVICES, LLC					
Principal Place of Business 36132 EMERALD COAST PKWY. DESTIN, FL 32541			Mailing Address 36132 EMERALD COAST PKWY. DESTIN, FL 32541		
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 <b>26-1077944</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  JOHNSON, ZACK 134 MY WAY CIRCLE SANTA ROSA BEACH, FL 32459				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 <u>Zack Johnson, Managing Member</u> DATE <u>4/26/07</u>					
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	MGR JOHNSON, ZACK 134 MY WAY CIRCLE SANTA ROSA BEACH, FL 32459	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 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: <u>Zack Johnson, Managing Member</u> DATE <u>4/20/07</u> 850-334-0556					