


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED

07 SEP 21 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

|  |   |   |   |
|--|---|---|---|
| <b>DOCUMENT # L06000107377</b>   |   |  |   |
| 1. Entity Name<br>COASTAL PROPERTIES MAINTENANCE SERVICES, LLC   |   |   |   |
| Principal Place of Business<br>36132 EMERALD COAST PKWY.<br>DESTIN, FL 32541   |   | Mailing Address<br>36132 EMERALD COAST PKWY.<br>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   |
| 6. Name and Address of Current Registered Agent  |   | 7. Name and Address of New Registered Agent                                       |   |
| JOHNSON, ZACK<br>134 MY WAY CIRCLE<br>SANTA ROSA BEACH, FL 32459   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 <i>Zack Johnson, Managing Member</i>   |   | DATE <i>4/26/07</i>   |   |
| Filing Fee is \$50.00<br>Due by May 1, 2007  |   | Make check payable to<br>Florida Department of State                              |   |
| 9. MANAGING MEMBERS/MANAGERS   |   | 10. ADDITIONS/CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>JOHNSON, ZACK<br>134 MY WAY CIRCLE<br>SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: <i>Zack Johnson, Managing Member</i>  |   | DATE: <i>4/20/07</i>  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   | DATE  |   |



04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number *26-1077944* Applied For  Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

FL Zip Code

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

850-334-0556