

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90078 050 \*\*\*138.75

<b>DOCUMENT # L07000049361</b> 1. Entity Name <b>CORONADO VENTURES, LLC</b>					
Principal Place of Business <b>220 S. PALAFOX PLACE PENSACOLA, FL 32502</b>			Mailing Address <b>220 S. PALAFOX PLACE PENSACOLA, FL 32502</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		<div style="text-align: right; font-size: 1.2em; font-weight: bold;">30000265</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>01072008    Chg-LLC    CR2E083 (12/06)</span> <div style="border: 1px solid black; padding: 2px;">             4. FEI Number  <b>59-384-2743</b> </div> <div style="border: 1px solid black; padding: 2px; font-size: 0.7em;">             Applied For  <input type="checkbox"/> Not Applicable           </div> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>5. Certificate of Status Desired    <input type="checkbox"/></span> <span><b>\$5.00</b> Additional Fee Required</span> </div>	
6. Name and Address of Current Registered Agent  <b>DURNEY, MATTHEW W 220 S. PALAFOX PLACE PENSACOLA, FL 32502</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL      Zip Code</span>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>MGRM</b> <b>DURNEY, MATTHEW W</b> <b>220 S. PALAFOX PLACE</b> <b>PENSACOLA, FL 32502</b>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>MGRM</b> <b>CARTER, THOMAS B</b> <b>2660 CAWDER COURT</b> <b>PENSACOLA, FL 32503</b>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>MGRM</b> <b>MCALPIN, RICHARD</b> <b>2200 EAST MALLORY STREET</b> <b>PENSACOLA, FL 32503</b>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<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.					
<b>SIGNATURE:</b>				1/7/08    850-469-1131	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date      Daytime Phone #</small>	