


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

DOCUMENT # L06000107377			
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOHNSON, ZACK 134 MY WAY CIRCLE SANTA ROSA BEACH, FL 32459		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
4. FEI Number 26-1077944 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required <input type="checkbox"/>			
B. 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 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: JOHNSON, ZACK <input type="checkbox"/> Delete STREET ADDRESS: 134 MY WAY CIRCLE CITY-ST-ZIP: SANTA ROSA BEACH, FL 32459		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
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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	
		850-334-0556	