


01-17-2003 90218 004 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # L00000004042

1. Entity Name
COASTAL TRANSFER, LLC



Principal Place of Business
**8550 REGENCY SQUARE BLVD., SUITE 1107
 JACKSONVILLE FL 32225**

Mailing Address
**8550 REGENCY SQUARE BLVD., SUITE 1107
 JACKSONVILLE FL 32225**

2. Principal Place of Business
5860-2 William Mills St.
 Suits, Apt. #, etc.

3. Mailing Address
Po Box 28639
 Suits, Apt. #, etc.

City & State
Jacksonville FL

City & State
Jacksonville FL

Zip
32226

Country
USA

Zip
32226-8639

Country
USA

4. FEI Number **59-3638426**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**LINDBACK, MAGNUS B
 8550 REGENCY SQUARE BLVD., SUITE 1107
 JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

Name
Magnus B. Lindback MGRM

Street Address (P.O. Box Number is Not Acceptable)
5860-2 William Mills St.

City
Jacksonville

FL Zip Code
32226

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 _____
Signatures typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MEM	WILEY, KATHY	8550 REGENCY SQ. BLVD. #1107	JACKSONVILLE FL 32225	<input type="checkbox"/>
MEM	LAUDERDALE, WILLIAM	8550 REGENCY SQ. BLVD. #1107	JACKSONVILLE FL 32225	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM	Kathy Wiley	5860-2 William Mills St	Jacksonville FL 32226	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MGRM	William Lauderdale	5860-2 William Mills St.	Jacksonville FL 32226	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Magnus B. Lindback* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: **1/10/03** Phone: **(904) 757-1170**

CR2E083 (10/02)