2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 09, 2004 08:00 AM Secretary of State

AINVALILLI VILI			∑ Secretary of Sta		
DOCUMENT # L0100 1. Entity Name COASTAL SERVICES, L.L.C					
Principal Place of Business 7349 MERCHANT CT. SARASOTA, FL 34240	Mailing Address P.O. BOX 15407 SARASOTA, FL 34277				
DO NOT WRITE IN THIS SPA		CE	01082004 No Chg-LLC 4. FEI Number	-LLC CR2E083 (10/03) Applied For Not Applicable	
6. Name and Address	of Current Registered Agent				
RANDLE, THOMAS L JR. 7349 MERCHANT COURT SARASOTA, FL 34340		DO NOT WRITE IN THIS SPACE			
8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent. SIGNATURE Signeture, typed or printed name of registered agent and title if applicable (NOTE Registered		red office or register		ida. I am familiar with, and accept	
Filing Fee is \$50.00 Due by May 1, 2004			U00000040454 02/09/04-80049-001 50.00		
9. MANAGII TITLE CEO NAME RANDLE, THOMAS L. STREET ADDRESS 7349 MERCHANT CT. CITY-ST-ZIP SARASOTA, FL 34241					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT W	RITE	
TITLE NAME STREET ADDRESS CITY - ST-ZIP			IN THIS SP	ACE	
TITLE		7			

11. I hereby certify that the information supplied with this filling 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 signifure 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 his report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/9/04

94-907-4001

Daytime Phone #