


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 17, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000020120
 1. Entity Name
 COASTAL MANAGEMENT, LLC



Principal Place of Business Mailing Address
 3013 S. ATLANTIC AVE. #802 3013 S. ATLANTIC AVE. #802
 DAYTONA BEACH SHORES, FL 32118 DAYTONA BEACH SHORES, FL 32118

DO NOT WRITE IN THIS SPACE



08092005 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 NOT APPLICABLE Not Applicable

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

6. Name and Address of Current Registered Agent
 GAUDER, JOHN F
 3013 S. ATLANTIC AVE. #802
 DAYTONA BEACH SHORES, FL 32118

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$50.00 Due by September 7, 2005

U00000376585
 08/17/05 89004-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GAUDER, JOHN F
STREET ADDRESS	3013 S. ATLANTIC AVE, #802
CITY - ST - ZIP	DAYTONA BEACH SHORES, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
TITLE	
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 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: John F. Gauder John F. Gauder 8-8-05 (847) 298-3480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #