


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000003397

1. Entity Name
PRIME COASTAL PROPERTIES, LLC



Principal Place of Business 616 N. TAMiami TRAIL, STE. C NOKOMIS, FL 34275	Mailing Address 616 N. TAMiami TRAIL, STE. C NOKOMIS, FL 34275
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07012004No Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3628683	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEUCHTMAN, GARY B
3 WEST GARDEN ST., STE. 700
PENSACOLA, FL 32501

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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 reinstating)

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST COGGIN, GERALD C 616 N. TAMiami TRAIL STE D NOKOMIS, FL 34275
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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)(f), 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: *Herald C. Coggin* 7/1/04 (866) 634-0046 (251) 680-7669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Day/No Phone #