


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000009044
1. Entity Name
COASTAL INVESTMENTS, LLC



Principal Place of Business Mailing Address
46 16TH STREET PO BOX 789
APALACHICOLA, FL 32320 APALACHICOLA, FL 32329

DO NOT WRITE IN THIS SPACE



04102005No Chg-LLC CR2E083 (10/03)

4. FEI Number 02-0586821	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, MARK W CPA
48 AVE. D
APALACHICOLA, FL 32320

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRIEDMAN, MARK W 46 16TH ST APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRIEDMAN, HEATHER 46 16TH ST APALACHICOLA, FL 32320
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04/12/05-80017-024 50.00

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IN THIS SPACE**

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: Mark Friedman 4-10-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #