


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000037239**  
 1. Entity Name  
 COASTLINE COMMONS, L.L.C.



Principal Place of Business: 555 NO. CONGRESS AVE., SUITE 301 BOYNTON BEACH, FL 33426  
 Mailing Address: 555 NO. CONGRESS AVE., SUITE 301 BOYNTON BEACH, FL 33426

**DO NOT WRITE IN THIS SPACE**



01192005No Chg-LLC CR2E083 (10/03)

4. FEI Number: 05-0597978  
 Applied For:  Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
 KALEEL, KENNETH M  
 555 NO. CONGRESS AVE., SUITE 301  
 BOYNTON BEACH, FL 33426

**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: \_\_\_\_\_ 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 May 1, 2005**

000000242017  
 02/24/05-80064-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM  
 NAME: KALEEL, KENNETH M  
 STREET ADDRESS: 555 NO. CONGRESS AVE., SUITE 301  
 CITY-ST-ZIP: BOYNTON BEACH, FL 33426

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: 2-11-05 DAYTIME PHONE #: 561-738-1104  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE