


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000039721**

1. Entity Name  
**COASTAL PARTNERS, LLC**



Principal Place of Business <b>778 SCENIC GULF DRIVE          A101          DESTIN, FL 32550</b>	Mailing Address <b>778 SCENIC GULF DRIVE          A101          DESTIN, FL 32550</b>
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**DO NOT WRITE IN THIS SPACE**



02212007No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-0321666</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FRANKLIN H. WATSON, P.A.  
 5365 E. COUNTY HIGHWAY 30A, SUITE 105  
 SEAGROVE BEACH, FL 32459**

**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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM          BARANOWSKI, JOSEPH          778 SCENIC GULF DRIVE, A101          DESTIN, FL 32550</b>
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 03/07/07-80009-004 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **2/21/07**

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