


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000043334	
1. Entity Name COASTAL PARTNERS SC2, LLC	

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



02212007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0379061	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 FRANKLIN H. WATSON, P.A. 5365 E. COUNTY HIGHWAY 30A, SUITE 105 SEAGROVE BEACH, FL 32459
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**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 _____

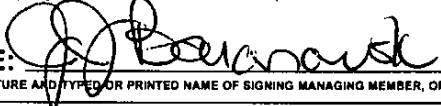

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARANOWSKI, JOSEPH 778 SCENIC GULF DRIVE A 101 DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMB LIEB, ALEXANDER 110 OVERLOOK ROAD ITHACA, NY 14850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMB MATTIS, JOHN 101C-NORTH GREENVILLE AVE. PMB#243 ALLEN, TX 75002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMB THORLEY, FRANK 12310 WINDSOR BEACH FENTON, MI 48430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000650222
03/08/07-80001-002 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 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:  

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