


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000054237

1. Entity Name
 COASTAL PARTNERS WS1, LLC



Principal Place of Business
 778 SCENIC GULF DRIVE, A202
 DESTIN, FL 32550

Mailing Address
 778 SCENIC GULF DRIVE, A202
 DESTIN, FL 32550

DO NOT WRITE IN THIS SPACE



03212008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0506543	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

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000927178
 05/20/08-80095-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARANOWSKI, JOSEPH 778 SCENIC GULF DRIVE, A202 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 101-C 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	

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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:  **5/21/08** **850-887-5575**

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