


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

DOCUMENT # L04000000911 1. Entity Name COASTAL PARTNERS, WS2. LLC	
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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 20-0564463	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 \_\_\_\_\_ 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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARANOWSKI, JOSEPH 778 SCENIC GULF DRIVE, A101 DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMB LIEB, ALEXANDER S 110 OVERLOOK ROAD ITHACA, NY 14850
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMB MATTIS, JOHN A 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	

U00000650221  
03/08/07-80001-001 50.00

**DO NOT WRITE  
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 #