


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000015748</b>	
<b>1. Entity Name</b> COASTAL PARTNERS DW2, LLC	

<b>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
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**DO NOT WRITE IN THIS SPACE**



03302006No Chg-LLC      CR2E083 (11/05)

<b>4. FEI Number</b> 20-0786422	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  FRANKLIN H. WATSON, P.A. 5365 E. COUNTY HIGHWAY 30 A SUITE 105 SEAGROVE BEACH, FL 32459
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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, 2006**

9. MANAGING MEMBERS/MANAGERS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM BARANOWSKI, JOSEPH 778 SCENIC GULF DRIVE, A101 DESTIN, FL 32550
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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U00000549637  
05/13/06-80026-018 50.00

**DO NOT WRITE  
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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 606, Florida Statutes.

**SIGNATURE:** *J. Baranowski*      **4/20/06**

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