


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**DOCUMENT # L04000015748**  
1. Entity Name  
COASTAL PARTNERS DW2, LLC



Principal Place of Business      Mailing Address  
778 SCENIC GULF DRIVE, A101      778 SCENIC GULF DRIVE, A101  
DESTIN, FL 32550                      DESTIN, FL 32550

**DO NOT WRITE IN THIS SPACE**



02212007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-0786422</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 30 A  
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 \_\_\_\_\_ 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
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03/07/07-80009-002 50.00

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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:** *J. Baranowski*      *abalon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #