


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L04000059472</b> 1. Entity Name COASTAL PARTNERS FL1, 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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03302006No Chg-LLC      CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1504311	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  WATSON, FRANKLIN H P.A. 5365 E. COUNTY HIGHWAY 30A STE. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

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	MGRM BARANOWSKI, CRAIG 778 SCENIC GULF DRIVE A101 DESTIN, FL 32550
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U00000549622  
05/13/06-80026-013 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:** *Joseph Baranowski*      4/21/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Daytime Phone #