


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L04000059472 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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DO NOT WRITE IN THIS SPACE



02212007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1504311	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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

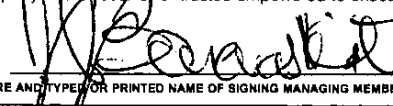
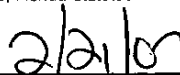
**Filing Fee is \$50.00
Due by May 1, 2007**

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 WOODY III, GUY 9812 OSCAR CIRCLE FOUNTAIN VALLEY, CA 92708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMB HARRIGAN, ELLEN 193 MORGAN AVENUE SOUTH AMBOY, NJ 08879
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMB MARTIN, PHIL 6611 MADISON MCLEAN DRIVE MCLEAN, VA 22101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000648431
03/07/07-80009-003 50.00

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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 #