


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000059472 1. Entity Name COASTAL PARTNERS FL1, LLC	
--	---

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

DO NOT WRITE IN THIS SPACE



03212008 No Chg-LLC CR2E083 (12/07)

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

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000927152
 05/20/08-80095-013 138.75

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	

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: *Joseph Coleman* 4/23/08 (850) 892-5575

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