


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

DOCUMENT # L04000065027 1. Entity Name COASTAL PARTNERS DP3, 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**



03212008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 20-1544188	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 30A  
 SUITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

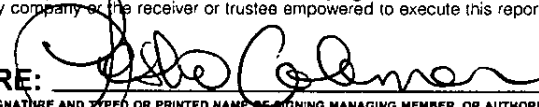
U000000927249  
 05/20/08-80100-005 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARANOWSKI, JOSEPH J 778 SCENIC GULF DRIVE A101 DESTIN, FL 32550
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**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:       4/23/08      (850) 897-5575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #