


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000084673

1. Entity Name
 COASTAL PARTNERS WS4, 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



03212008 No Chg-LLC CR2E083 (12/07)

4. FEI Number Applied For
 20-1876688 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANKLIN H. WATSON, P.A.
 5365 E. COUNTY HIGHWAY 30A, STE. 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)

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

000000950801
 06/04/08-80006-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARANOWSKI, JOSEPH J 778 SCENIC GULF DRIVE, A101 DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARANOWSKI, CRAIG 778 SCENIC GULF DRIVE, A101 DESTIN, FL 32550
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **4/15/08**

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