

**2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Sep 13, 2006  
Secretary of State**

DOCUMENT# L05000070849

Entity Name: COASTWIDE EQUIPMENT, LLC

**Current Principal Place of Business:**

8666 SEMINOLE BLVD.  
SEMINOLE, FL 33772

**New Principal Place of Business:**

2840 WEST BAY DRIVE  
#288  
BELLEAIR BLUFFS, FL 33770

**Current Mailing Address:**

8666 SEMINOLE BLVD.  
SEMINOLE, FL 33772

**New Mailing Address:**

2840 WEST BAY DRIVE  
#288  
LARGO, FL 33770

FEI Number: 20-3166256

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KEWE UNLIMITED, INC.  
8666 SEMINOLE BLVD.  
SEMINOLE, FL 33772 US

**Name and Address of New Registered Agent:**

KEWE UNLIMITED, INC.  
2401 WEST BAY DRIVE  
SUITE 124  
LARGO, FL 33770 US

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.

SIGNATURE: THERESA L. WEBER

09/13/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: COASTWIDE DISASTER R, ELIEF & RECOVER Y, LLC  
Address: 8666 SEMINOLE BLVD.  
City-St-Zip: SEMINOLE, FL 33772

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: COASTWIDE DISASTER R, ELIEF & RECOVER Y, LLC  
Address: 2840 WEST BAY DRIVE #288  
City-St-Zip: LARGO, FL 33770

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THERESA L. WEBER

MGR

09/13/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date