

2001 UNIFORM BUSINESS REPORT (UBR)

0002981 AF

DOCUMENT # M99000000760

1. Entity Name
COASTAL PURCHASING, L.C.

FILED

01 MAR 14 PM 4: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 424 SOUTH 3RD STREET JACKSONVILLE BEACH FL 32250	Mailing Address 424 SOUTH 3RD STREET JACKSONVILLE BEACH FL 32250
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 91-1918441	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

HOWE V, ANDREW M
424 SOUTH 3RD STREET
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGR	MANNA, ANTHONY S	424 SOUTH 3RD STREET JACKSONVILLE BEACH FL				
	MGR	HOWE V, ANDREW M	424 SOUTH 3RD STREET JACKSONVILLE BEACH FL				
	MGR	RICHART, CULLEN	424 SOUTH 3RD STREET JACKSONVILLE BEACH FL				

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*****55.00 *****55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **3/12/01** **904-270-0270**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)