## 2001 UNIFORM BUSINESS REPORT (UBR)

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COASTAL ISLAND GROUP, L.L.C.					01 MAR -5 AM 9: 34			
Principal Place of	f Duninger	NACULTA Address			SECRETARY TALLAHASSE	OF STATI	E,	
Principal Place of Business  Mailing Address  343 SOUTH POLK DRIVE  343 SOUTH POLK DRIVE					TALLAHASSE	ie, florio	)A	
SARASOTA FL 34236 SARASOTA FL 34236								
Alleuse course to								
2. Principal Place of Business  1003 Westway Dr. 1993 Westwar					3 ISBNILLIA DA DOMA SBAN BOMA BUMA BUMA	481 <b>11</b> 101 (111 ( <b>110</b> 1	) <b>) [ ] [ ] ] ] ] ] ] ] ] ]</b>	
Suite, Apt. #, e	way Dr	DO NOT WRITE IN THIS SPACE						
City & State	sota, 7L	City & State  Sprass for	72	4. FEIN	lumber		oplied For of Applicable	
3/23 G	Country	Zip 34236	Country LC'S A	5. Certi	ficate of Status Desired .	\$5.00 Add	ditional	
	6. Name and Address of Current R			7. Name	e and Address of New Registere			
		· 	Name	~				
				Street Address (P.O. Box Number is Not Acceptable)				
2033 MAIN STREET, SUITE 600 SARASOTA FL 34237								
OAIAOOIA	1 € 04201		^ City			Žip Code	e	
9 The above per	med entity submits this statement for	the purpose of abancing its	registered office or a	alatarad agant		<u> </u>		
o. The above har	W Howa	ed orks	registered office of fe	egistered agent, i	or both, in the state of Florida.			
SIGNATURE	nature, typed or printed name of registered agent an	dille it exclicable (Note	Registered Agent signature	required when reinstati	(A)	24/01		
gr	action typed or printed harries of hygraties against an				DAIL	ا مو او السرد		
		•	)W!!! FEE IS \$5 yable to Departm					
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9.	MANAGING MEMBER		10.		ADDITIONS/CHANG			
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<u>l</u>	fy that the information supplied with the	his filing does not qualify for		Lin Section 119.0	7(3)(i) Florida Statutes I further	certify that the in	nformation	
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.								
	//W	Howard Ko.	eKs					
SIGNATURE: 1/24/0/ 741-388-1888								
SI	IGNATURE AND TYPES OR PRINTED NAME OF	BIGNÍNG MÁNAGING MEMBER, MAN	AGER, OR AUTHORIZED R	PRESENTATIVE	/ Date	Daytime Phone #	··	