2001 UNIFORM BUSINESS REPORT (UBR)

######\$5 OLD MISSION AVENUE 25 OLD MISSION AVENUE 27 OLD MISSION AVENUE 28 TAUGUSTINE FL 32084 29 Principal Place of Business \$1 AUGUSTINE FL 32084 29 Principal Place of Business \$2 Subin, Apt. 8 etc. \$3 A Mailing Address of Status Special State \$3 A Mailing Address of Status Special State \$4 A FEI Number of Business \$5 Subin, Apt. 8 etc. \$5 Country US \$5 Certificate of Status Desired \$5 OD NOT Writte in This SPACE Applied For Applied	DOCUMENT # L0000005759 1. Entity Name COASTAL ATLANTIC HOMES, GROUP I, LLC					FILED MAR 30 AM IC	W 1: 49	1/6	
2. Principal Place of Business Sale Sal	Principal Plac	on of Business	Mailing Address		⊣ ,,	TIMIT OF 1	and a little pro-		
Sulfo, Apt. #, etc.	25 OLD MISSION AVENUE 25 OLD MISSION AVENUE				. SE TAI	CAHASSEE FE	ORIDA		
SMITH, C. KELLY 25 OLD MISSION AVENUE ST AUGUSTINE FL 32084 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 Signature, typed or privated name of registered agent and title if explicable. PATE: Registered Agent synature required when reinstating) DATE FILE NOW!!! FEE \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS CITY-ST-2P TITLE TITLE STREET ADDRESS CITY-ST-2P TITLE TIT	2825 Suite, Apt.	LEWIS SPENDAY #. etc. 104 REJUSTINE FL	Suite, Apt. #, etc. City & State St. Hugust	L INC-, F	4. FEIN	DO NOT WE	76	PACE Ap	t Applicable
SMITH, C. KELLY 25 OLD MISSION AVENUE ST AUGUSTINE FL 32084 City FL Zip Code		6. Name and Address of Current R	legistered Agent		7. Nam	e and Address of New	Registered A	gent	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	SMITH, C. KELLY 25 OLD MISSION AVENUE				Street Address (P.O. Box Number is Not Acceptable)				
MGR			nd title if applicable. (NOTE: R	egistered Agent signature re	equired when reinstati			``	
MGR		MANAGING MEMBE	RS /MEMBERS	10		ADDITION:	S/CHANGES		
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Description 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 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 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 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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am a managing member or manager of the limited indicated in Section 119.07(3)(i), Florida Statutes. I further certify that I am a managing member or manager of the limited indicated in Section 119.07(3)(i), Florida Statutes. I further certify that I am a managing member or manager of the limited indicated in Section 119.07(3)(i), Florida Statutes. I further certify that I am a managing member or manager of the limited indicated in Section 119.07(i), Florida Statutes.	indicated limited lial	on this report is true and accurate and the bility company of the receiver for trustee	hat my signature shall have the empowered to execute this repweeld to execute this repweeld to execute this rep	e same legal effect a port as required by C	s if made under thapter 608, Flo	r oath; that I am a man	aging member (904) {	or manage:	of the