

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005759

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** COASTAL ATLANTIC HOMES, GROUP I, LLC

**Current Principal Place of Business:**

2825 LEWIS SPEEDWAY  
104  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

2825 LEWIS SPEEDWAY  
104  
ST AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:** 59-3665376      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SMITH, C. KELLY  
2825 LEWIS SPEEDWAY  
SUITE 104  
ST AUGUSTINE, FL 32084 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HEFFERON, MICHAEL J  
Address: 2825 LEWIS SPEEDWAY STE 104  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: MGR ( ) Delete  
Name: SMITH, C. KELLY  
Address: 2825 LEWIS SPEEDWAY STE 104  
City-St-Zip: ST AUGUSTINE, FL 32084

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: C. KELLY SMITH

MMR

05/01/2006

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