

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005760

1. Entity Name
COASTAL ATLANTIC HOMES, GROUP II, LLC

FILED

01 MAR 28 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 25 OLD MISSION AVENUE ST. AUGUSTINE FL 32084	Mailing Address 25 OLD MISSION AVENUE ST. AUGUSTINE FL 32084
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2825 LEWIS SPEEDWAY Suite, Apt. #, etc. 104	3. Mailing Address 2825 LEWIS SPEEDWAY Suite, Apt. #, etc. 104
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City & State St. Augustine, FL	City & State St. Augustine FL	4. FEI Number 59-3665375	Applied For Not Applicable
Zip 32084	Country US	Zip 32084	Country US

6. Name and Address of Current Registered Agent SMITH, C. KELLY 25 OLD MISSION AVENUE ST. AUGUSTINE FL 32084	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
<p>FILE NOW!!! FEE IS \$50.00</p> <p>Make Check Payable to Department of State</p>		

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEFFERON, MICHAEL J 25 OLD MISSION AVENUE ST. AUGUSTINE FL 32084	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003993052--2 -04/12/01--01007--003 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, C. KELLY 25 OLD MISSION AVENUE ST. AUGUSTINE FL 32084	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: C. Kelly Smith	C. KELLY SMITH	3-20-01 (904) 808-9977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #

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CR2E083 (11/00)