

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005760

FILED
Jan 17, 2005
Secretary of State

Entity Name: COASTAL ATLANTIC HOMES, GROUP II, LLC

Current Principal Place of Business:

2825 LEWIS SPEEDWAY, SUITE 104
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

2825 LEWIS SPEEDWAY
104
ST. AUGUSTINE, FL 32084

Current Mailing Address:

2825 LEWIS SPEEDWAY, SUITE 104
ST. AUGUSTINE, FL 32084

New Mailing Address:

2825 LEWIS SPEEDWAY
104
ST. AUGUSTINE, FL 32084

FEI Number: 59-3665375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, C. KELLY
2825 LEWIS SPEEDWAY SUITE 104
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

SMITH, C. KELLY
2825 LEWIS SPEEDWAY SUITE
104
SAINT 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: C. KELLY SMITH

01/17/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

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

ADDITIONS/CHANGES:

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

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

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

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 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

MGR

01/17/2005

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