


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90694 021 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

30068530

DOCUMENT # L00000007744			
1. Entity Name COASTAL SECURITY TITLE OF CHARLOTTE HARBOR, L.L.C.			
Principal Place of Business 4456 TAMiami TRAIL, SUITE #4 CHARLOTTE HARBOR, FL 33980		Mailing Address 2411 SOUTH MCCALL ROAD, SUITE 1 ENGLEWOOD, FL 34424	
2. Principal Place of Business 2411 S. McCall Rd.		3. Mailing Address	
Suite, Apt. #, etc. S.R. 1		Suite, Apt. #, etc.	
City & State Englewood, FL 34224		City & State	
Zip 34224		Country USA	
4. FEI Number 65-1033310		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent GARCIA, RALPH III 2411 SOUTH MCCALL ROAD, SUITE 1 ENGLEWOOD, FL 34424		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of designated agent and title if applicable. (NOTE: Registered Agent's signature required when missing.)</small> DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 11, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, RALPH III 2411 SOUTH MCCALL ROAD, SUITE 1 ENGLEWOOD, FL 34224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 60B, Florida Statutes.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 4/30/03 (813) 871-9403 <small>Daytime Phone #</small>	

CR2E083 (1/02)