2004 LIMITED LIABILITY COMPANY FILED **ANNUAL REPORT** Mar 08, 2004 08:00 AM **DOCUMENT # L01000011057 Secretary of State** 1. Entity Name COASTAL TEK SERVICES, LLC Principal Place of Business Mailing Address 5804 CEDAR OAKS DRIVE 5804 CEDAR OAKS DRIVE JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 02062004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3933124 \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent HOLBROOK, H. LEON DO NOT WRITE ONE INDEPENDENT DRIVE, SUITE 2301 JACKSONVILLE, FL 32202-5059 IN THIS SPACE 5. 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

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00 Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOUSER, FRANKLIN C JR. 5804 CEDAR OAKS DRIVE JACKSONVILLE, FL 32210
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000000079693 03/08/04-80079-001 50.00

DATE

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGN ING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #