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

## DOCUMENT # L01000022247

1. Entity Name

## COASTAL PROPERTIES OF THE PALM BEACHES, L.L.C.



## FILED Mar 11, 2003 8:00 am Secretary of State

03-11-2003 90030 033 \*\*\*\*50.00

Principal Place of Business 3180 WASHINGTON RD. WEST PALM BEACH FL 33405		Mailing Address 3180 WASHINGTON RD. WEST PALM BEACH FL					901410	10	
2. Principal F	Place of Business	3. Mailing Address			_				
Suite, Apt.	# etc	Suite, Apt. #, etc.	Suite Apt # etc					., ., ., ., ., ., ., ., ., ., ., ., ., .	
	,,, 0.0.	Galle, Apr. #, etc.	Sand, Apr. #1 616.			☐ CHECK HERE IF MAKING CHANGES			
City & Star	e	City & State	City & State		4. FEI Nur		FOR	Applied For	
Zip	Country	Zip	Count	rv	(25-	1156448_	<u> </u>	Not Applicable	
·		·			5. Certifica	ate of Status Desired	Fee Requ	Additional uired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CORPORATION SERVICE COMPANY				Name .					
	1 HAYS STREET LAHASSEE FL 32301-2525		Street Addre		s (P.O. Box Number is Not Acceptable)				
			.	City	· · · · · · · · · · · · · · · · · · ·		FL Zip C	ode	
8. The above	named entity submits this statemen	t for the purpose of changing	ite registero	d office or regio	torod poort or	both in the Ctate of Cla		u	
the obligat	ions of registered agent.	troi the purpose of changing	its registere	a onice or regis	stered agent, or i	ooin, in the State of Floa	rida. Tam tamiliar wi	in, and accept	
SIGNATURE .									
	Signature, typed or printed name of registered ag	ent and title if applicable. (Ne	OTE: Registered	Agent signature requ	uired when reinstating)		DATE		
				EE IS \$50.0		,			
		Make Check Paya	ible to Flo lue By May		nent of State				
9.	MANAGING MEN	IBERS/MANAGERS	10.	y 1, 2005		ADDITIONAL	CULANIOSO		
TITLE	MGRM	Delete	TITLE			ADDITIONS/	CHANGES Chang	a Dáddition	
NAME	WALKER, MILFORD D	□ belefe	NAME					e 🔲 Addition	
STREET ADDRESS	3180 WASHINGTON RD.		STREET	T ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL 3340	5	CITY-S	ST-ZIP .					
TITLE		☐ Delete	TITLE				☐ Change	e 🔲 Addition	
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			CITY-S	ST-ZIP					
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CITY-ST-ZIP		•	STREET CITY-S	ADDRESS .					
II. ∃hereby ce	ertify that the information supplied w	ith this filing does not qualify for			Section 119 07/3	N(i) Florido Statuto - 11	further next to the said of	:-f	
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indicated on this report is true and afformation 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 injustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Oaytime Phone #