2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000003397 1. Entity Name PRIME COASTAL PROPERTIES, LLC	
Principal Place of Business Mailing Address 516 N. TAMIAMI TRAIL, STE. C NOKOMIS, FL 34275 NOKOMIS, FL 34275	
DO NOT WRITE IN THIS S	07012004No Chg-LLC
LEUCHTMAN, GARY B 3 WEST GARDEN ST., STE. 700 PENSACOLA, FL 32501	DO NOT WRITE IN THIS SPACE
The above named entity submits this statement for the purpose of changing its the obligations of registered agent.	registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed care of registered agent and title if applicable. (NOTE	E. Registered Agent signature raquised when reinstasing) DATE.
Filing Fee is \$50.00 Due by September 8, 2004	
9. MANAGING MEMBERS/MANAGERS	07/07/04-80022-015 55.00
TITLE PST COGGIN, GERALD C STREET ADDRESS CITY-ST-ZIP NOKOMIS, FL 34275	01701704-00022-013 35.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	
11. 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: LEGAL C. COGGL. 3 1/04 (351)680-7669 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OF AUTHORIZED RIPPRESENTATIVE Date Deptime Proces	