2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008450

Entity Name: COASTAL MOBILE HOMES, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
105 S. NARCISSUS AVENUE, SUITE 412 WEST PALM BEACH, FL 33401	11897 BIRCH ST PALM BEACH GARDENS, FL 33410

Current Mailing Address:	**New Mailing Address:**
105 S. NARCISSUS AVENUE, SUITE 412 WEST PALM BEACH, FL 33401	11897 BIRCH ST PALM BEACH GARDENS, FL 33410

FEI Number: 75-3051438   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
PARRISH, BRUCE W JR 105 S. NARCISSUS AVENUE, SUITE 412 WEST PALM BEACH, FL 33401 US	GIGNILLIAT, JAMES 11897 BIRCH ST PALM BEACH GARDENS, FL 33410 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: JAMES GIGNILLIAT   03/30/2004

                    Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	GIGNILLIAT, JAMES	Name:	
Address:	3040 A SOUTH MILITARY TRAIL	Address:	
City-St-Zip:	LAKE WORTH, FL 33483	City-St-Zip:	

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	GIGNILLIAT, MARGARET E	Name:	
Address:	3040 A SOUTH MILITARY TRAIL	Address:	
City-St-Zip:	LAKE WORTH, FL 33483	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES GIGNILLIAT   MEM   03/30/2004

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