

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**May 02, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L02000014742**

**1. Entity Name  
KOASTAL INVESTMENTS LLC**



**Principal Place of Business  
400 FLAGSHIP DRIVE, UNIT 701  
C/O JUDITH TAYLOR  
NAPLES, FL 34108**

**Mailing Address  
400 FLAGSHIP DRIVE, UNIT 701  
C/O JUDITH TAYLOR  
NAPLES, FL 34108**



04122005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
81-0560489**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**KOZAK, DENNIS ESQ.  
400 FLAGSHIP DRIVE, UNIT 701  
NAPLES, FL 34108**

**DO NOT WRITE  
IN THIS SPACE**

**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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
TAYLOR, JUDITH  
4188 COMMODORE DRIVE  
ERIE, PA 16505**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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05/04/05-80132-013 50.00

**DO NOT WRITE  
IN THIS SPACE**

**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 608, Florida Statutes.**

**SIGNATURE:**

*Judith T. Taylor*  
**Judith T. Taylor**

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

**04-29-05**

Date

**814-838 4299**

Daytime Phone #