

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019218

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: SOUTHERN COASTAL DESIGNS, LLC

**Current Principal Place of Business:**

512 DUVAL ST. REAR  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4255  
KEY WEST, FL 33041 US

**New Mailing Address:**

FEI Number: 16-1661667      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BANNER, MICHAEL  
4244 W. TENNESSEE ST.  
#185  
TALLAHASSEE, FL 32304 US

**Name and Address of New Registered Agent:**

HEMMEL, DAVID  
512 DUVAL STREET  
KEY WEST, FL 33040 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: DAVID HEMMEL

04/27/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: HEMMEL, DAVID L  
Address: PO BOX 4255  
City-St-Zip: KEY WEST, FL 33041 US

Title: MGRM ( ) Delete  
Name: SMITH, JUDI C  
Address: PO BOX 1893  
City-St-Zip: BLAIRSVILLE, GA 30514 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HEMMEL, DAVID L  
Address: PO BOX 4255  
City-St-Zip: KEY WEST, FL 33041 US

Title: MGR (X) Change ( ) Addition  
Name: SMITH, JUDITH S  
Address: PO BOX 1893  
City-St-Zip: BLAIRSVILLE, GA 30514 US

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: JUDITH S. SMITH

MGR

04/27/2004

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