

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90584 005 ****50.00

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1. Entity Name

SOUTHERN COASTAL DESIGNS, LLC



Principal Place of Business

Mailing Address

512 DUVAL ST. REAR
KEY WEST FL 33040
US

1008 SOUTHARD ST.
KEY WEST FL 33040
US

30067146



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 4255

City & State

City & State

Key West, FL

4. FEI Number

16-1661667

Applied For

Not Applicable

Zip

Country

Zip

Country

33041

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
NAME HEMMEL, DAVID L
STREET ADDRESS 1008 SOUTHARD ST.
CITY-ST-ZIP KEY WEST FL 33040

TITLE Change Addition
NAME
STREET ADDRESS P.O. Box 4255
CITY-ST-ZIP Key West, FL 33041

TITLE MGRM Delete
NAME SMITH, JUDI C
STREET ADDRESS PO BOX 1893
CITY-ST-ZIP BLAIRSVILLE GA 30514

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Judi C Smith*

4-30-02 706-781-2540

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

Date

Daytime Phone #

CR2E083 (10/02)