2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2005
Secretary of State

DOCUMENT# L02000019476

Entity Name: S & T COASTAL PROPERTIES, LLC

Current Principal Place of Business:

1730 NESTLEWOOD LANE
TALLAHASSEE, FL 32301

New Principal Place of Business:

1008-1 HOLLAND DRIVE
TALLAHASSEE, FL 32301

Current Mailing Address:

1730 NESTLEWOOD LANE
TALLAHASSEE, FL 32301

New Mailing Address:

1008-1 HOLLAND DRIVE
TALLAHASSEE, FL 32301

FEI Number: 75-3074596 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARR, TIFFANY A
1730 NESTLEWOOD LANE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

CARR, TIFFANY A
2514 KILLARNEY WAY
TALLAHASSEE, FL 32309 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: _____ 04/09/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: CARR, TIFFANY A
Address: 1730 NESTLEWOOD LANE
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM ( ) Delete
Name: LANIER, T. SHAWN
Address: 362 9TH ST. N.E.
City-St-Zip: ATLANTA, GA 30309

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CARR, TIFFANY A
Address: 2514 KILLARNEY WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: ( ) Change ( ) Addition
Name:
Address:
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: TIFFANY CARR MNGR 04/09/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date