2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 24, 2005 08:00 AM DOCUMENT # L02000022467 **Secretary of State** 1. Entity Name COASTAL HOME INVESTMENTS, LLC Principal Place of Business Mailing Address 1779 CANOVA STREET SE 1779 CANOVA STREET SE PALM BAY, FL 32909 PALM BAY, FL 32909 01062005No Chg-LLC CB2F083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-1077330 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROBERTS, SEAN J DO NOT WRITE 1779 CANONA ST PALM BAY, FL 32909 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 familier with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of regrets ed agent and the if applicable (NOTE: Registered Agent signature required when renetating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. -- U00000192864 MGRM TITLE 01/25/05-80037-005 250.00 NAME ROBERTS, SEAN J STREET ADDRESS 1779 CANONA ST SE CITY ST-ZIP PALM BAY, FL 32909 TITLE HATAE. STREET ADDRESS CITY ST-ZIP TITLE HALLE STREET ADDRESS DO NOT WRITE CITY ST-ZIP IN THIS SPACE HALLE STREET ADDRESS CITY ST. ZIP TITLE STREET ADDRESS ETTY-ST-ZIP TITLE RELAT STREET ADDRESS

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

CITY- ST ZIP

Date

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