

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Sep 12, 2003 8:00 am  
Secretary of State

0014180

DOCUMENT # L02000031506

1. Entity Name  
**COASTLINE, LLC**



05-07-2003 90045 034 \*\*\*\*50.00  
09-12-2003 90064 012 \*\*\*\*50.00

Principal Place of Business  
971 E. COUNTRY CLUB CIRCLE  
PLANTATION FL 33317

Mailing Address  
971 E. COUNTRY CLUB CIRCLE  
PLANTATION FL 33317

2. Principal Place of Business  
**820 SW 14th Court**  
Suite, Apt. #, etc.

3. Mailing Address  
**820 SW 14th Court**  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**Pompano Beach, FL**

City & State  
**Pompano Beach, FL**

4. FEI Number  
**90-0072365**

Applied For  
 Not Applicable

Zip Country  
**33060 USA**

Zip Country  
**33060 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

**HERMAN, BRUCE**  
1401 E. BROWARD BLVD., SUITE 206  
FT. LAUDERDALE FL 33301

Name **Jamie Strauss**

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

**820 SW 14th Court**

City **Pompano Beach** FL Zip Code **33060**

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

**Jamie Strauss**

**9-08-03**

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  Delete  
NAME **MGRM STRAUS, JAMIE**  
STREET ADDRESS **971 E. COUNTRY CLUB CIRCLE**  
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **MGRM JOHNS, TIM**  
STREET ADDRESS **971 E. COUNTRY CLUB CIRCLE**  
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **MGRM CONSTANTINO, MARK**  
STREET ADDRESS **971 E. COUNTRY CLUB CIRCLE**  
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE  Change  Addition  
NAME **MGRM Constantino, Mark**  
STREET ADDRESS **2609 SW 23rd Evanbrook Drive**  
CITY-ST-ZIP **Boynton Beach, FL 33436**

TITLE  Delete  
NAME **MGRM MENDELSON, DAVE**  
STREET ADDRESS **971 E. COUNTRY CLUB CIRCLE**  
CITY-ST-ZIP **PLANTATION FL 33317**

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  
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:

**SIGNATURE REQUIRED**

**9-08-03**

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

Date

Daytime Phone #

CR2E083 (4/03)