

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2006 8:00 am
Secretary of State

08-02-2006 90048 024 ****50.00

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DOCUMENT # L03000006064 1. Entity Name COASTAL FINANCIAL GROUP, LLC					
Principal Place of Business 9310 OLD KINGS RD. SOUTH SUITE 1103 JACKSONVILLE, FL 32257			Mailing Address 9310 OLD KINGS RD. SOUTH SUITE 1103 JACKSONVILLE, FL 32257		
2. Principal Place of Business 680 Porta Rosa Circle Suite, Apt. #, etc.		3. Mailing Address 680 Porta Rosa Circle Suite, Apt. #, etc.			
City & State ST. AUGUSTINE, FL Zip 32092		City & State ST. Augustine FL Zip 32092		4. FEI Number 56-2316347	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CULBERTSON, CARYL J 9310 OLD KINGS RD. SOUTH JACKSONVILLE, FL 32257			7. Name and Address of New Registered Agent Name Caryl J. Culbertson Street Address (P.O. Box Number is Not Acceptable) 680 Porta Rosa Circle City ST. Augustine FL Zip Code 32092		
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 <u><i>Caryl J. Culbertson</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>7/24/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CULBERTSON, CARYL J 9310 OLD KINGS RD. SOUTH SUITE 1103 JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Caryl J. Culbertson 680 Porta Rosa Circle ST. Augustine FL 32092	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Caryl J. Culbertson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <u>7/10/06</u> DAYTIME PHONE # <u>9049407770</u>	