

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006094

FILED
Jan 19, 2005
Secretary of State

Entity Name: COASTAL ENTERPRISES LLC

Current Principal Place of Business:

117 RACETRACK ROAD NW, SUITE 134
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

548 MARY ESTHER CUTOFF
SUITE 123
FORT WALTON BEACH, FL 32548 US

Current Mailing Address:

117 RACETRACK ROAD NW, SUITE 134
FORT WALTON BEACH, FL 32547 US

New Mailing Address:

548 MARY ESTHER CUTOFF
SUITE 123
FORT WALTON BEACH, FL 32548 US

FEI Number: 56-2322693

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BEGNOCHE, PAUL
117 RACETRACK ROAD NW
SUITE 134
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

BEGNOCHE, PAUL O
548 MARY ESTHER CUTOFF
SUITE 123
FORT WALTON BEACH, FL 32548 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: PAUL BEGNOCHE

01/19/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: PONCE, JOSEPH
Address: 117 RACETRACK RD NW, SUITE 134
City-St-Zip: FORT WALTON BEACH, FL 32579 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PONCE, JOSEPH
Address: 548 MARY ESTHER CUTOFF, SUITE 123
City-St-Zip: FORT WALTON BEACH, FL 32548 US

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: JOSEPH PONCE

MGR

01/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date