

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006094

FILED
Jan 04, 2007
Secretary of State

Entity Name: COASTAL ENTERPRISES LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 56-2322693 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FSR HOLDINGS, INC.,
Address: 3771 RAMSEY ST. 109-109
City-St-Zip: FAYETTEVILLE, NC 28311 US

Title: MGRM () Delete
Name: TJJL HOLDINGS, INC.,
Address: 548 MARY ESTHER CUTOFF, SUITE 123
City-St-Zip: FORT WALTON BEACH, FL 32548 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FSR HOLDINGS, INC.,
Address: 927 RUST BRANCH LANE
City-St-Zip: EVANS, GA 30809 US

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 Chapter 119, 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: PAUL O. BEGNOCHE

MGRM

01/04/2007

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