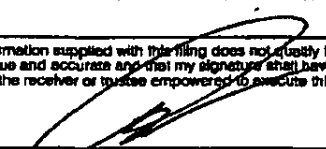


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

02-18-2004 90100 007 ****50.00

DOCUMENT # L03000011144			
1. Entity Name COASTAL DEVELOPMENT GROUP, LLC			
Principal Place of Business 509 ANASTASIA BOULEVARD ST. AUGUSTINE, FL 32080		Mailing Address 509 ANASTASIA BOULEVARD ST. AUGUSTINE, FL 32080	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01292004 Chg-LLC CR2E083 (10/03)		4. FEI Number 14-1877590	
5. Certificate of Status Desired ☐		Applied For Not Applicable	
6. 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.		7. Name and Address of New Registered Agent	
8. Name and Address of Current Registered Agent HAHNEMANN, ROBERT H 509 ANASTASIA BOULEVARD ST. AUGUSTINE, FL 32080		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)		DATE	
Filing Fee is \$80.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing member Robert Hahnemann 509 Anastasia Blvd. St. Augustine, FL 32080 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Don B. Davis 8160 Seven Mile Dr. Porto Vella, FL 32082 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V President ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Kim Davis 8160 Seven Mile Dr. Porto Vella, FL 32082 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Treas. ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 806, Florida Statutes.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			