

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000011144

1. Entity Name
COASTAL DEVELOPMENT GROUP, LLC



Principal Place of Business Mailing Address

509 ANASTASIA BOULEVARD 509 ANASTASIA BOULEVARD
 ST. AUGUSTINE, FL 32080 ST. AUGUSTINE, FL 32080

DO NOT WRITE IN THIS SPACE



01042006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 14-1877590	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fees Required

6. Name and Address of Current Registered Agent

HAHNEMANN, ROBERT H
509 ANASTASIA BOULEVARD
ST. AUGUSTINE, FL 32080

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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HABERMANN, ROBERT 509 ANASTASIA BLVD. SAINT AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, DON B 8160 SEVEN MILE DR. PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAVIS, KIM 8160 SEVEN MILE DR. PONTE VEDRA BEACH, FL 32082
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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: Robert Hahnemann 4/27/06 904 824-9912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Oaytime Phone #