

**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
509 ANASTASIA BOULEVARD
ST. AUGUSTINE, FL 32080

Mailing Address
509 ANASTASIA BOULEVARD
ST. AUGUSTINE, FL 32080



01042006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1877590

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional**
Fees Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) **DATE** _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	HABERMANN, ROBERT
STREET ADDRESS	509 ANASTASIA BLVD.
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	VP
NAME	DAVIS, DON B
STREET ADDRESS	8160 SEVEN MILE DR.
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	ST
NAME	DAVIS, KIM
STREET ADDRESS	8160 SEVEN MILE DR.
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/10/06-80058-008 50.00

**DO NOT WRITE
IN THIS SPACE**

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 606, 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 Daytime Phone #