

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000022569**

1. Entity Name  
**COASTAL AGGREGATES, LLC**



Principal Place of Business  
**2000 GLADES ROAD, SUITE 324  
BOCA RATON, FL 33431**

Mailing Address  
**2000 GLADES ROAD, SUITE 324  
BOCA RATON, FL 33431**



01202005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**80-0076662**

Applied For  
**Not Applicable**

5. Certificate of Status Desired



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**NORRIS, DAVID B  
712 U.S. HIGHWAY ONE, SUITE 400  
NORTH PALM BEACH, FL 33408**

**DO NOT WRITE  
IN THIS SPACE**

8. 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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

11000000204092  
01/29/05-80057-007 55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SPENCER, GILBERT  
2000 GLADES RD, STE 324  
BOCA RATON, FL 33431**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*Gilbert Spencer*  
**Gilbert Spencer**

*1/25/05*  
Date

*561-395-3536*  
Daytime Phone #