

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000023151 1. Entity Name COASTAL BREEZE FINANCE, LLC					
Principal Place of Business 3715 B.W. 23RD STREET PANAMA CITY, FL 32405			Mailing Address 3715 B.W. 23RD STREET PANAMA CITY, FL 32405		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	06292005 Chg-LLC CR2E083 (10/03)	
4. FBI Number 58-2671588				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DONALSON, ALAN H 3715 B.W. 23RD STREET PANAMA CITY, FL 32405			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 of Registered Agent or authorized representative)					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DONALSON, ALAN		NAME	U000000374355	
STREET ADDRESS	418 HIDDEN ISLAND		STREET ADDRESS	07/25/05-80006-011 50.00	
CITY-ST-ZIP	PANAMA CITY, FL 32405		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 officer 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, MANAGER, OR AUTHORIZED REPRESENTATIVE					