2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-19-2004 90043 050 ****50.00

J40042080

DOCUMENT # L03000023304

1. Entity Name
COASTLINE HOLDINGS, LLC

Principal Place of Business
2837 1ST AVENUE N.
ST. PETERSBURG, FL 33713

Mailing Address
2837 1ST AVENUE N.
ST. PETERSBURG, FL 33713

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

04012004 Chg-LLC CR2E083 (10/03)

4. FEI Number
01-0788773
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHRISTOPHER C. SANDERS, P.A.
2837 1ST AVENUE N.
ST. PETERSBURG, FL 33713

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, 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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SANDERS, CHRISTOPHER C	NAME	
STREET ADDRESS	2837 1ST AVENUE N	STREET ADDRESS	
CITY-ST-ZIP	ST. PETESRBURG, FL 33713	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BROWNING, DAVID C	NAME	
STREET ADDRESS	2203 TRESCOTT DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STARLING, HOYD K III	NAME	
STREET ADDRESS	327 BAYSHORE BLVD, APT 218	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33606	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SACKMAN, SLADE C	NAME	
STREET ADDRESS	806 CYPRESS LAKE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 33919	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	
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)(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 608, Florida Statutes.

SIGNATURE: _____ 4/15/04 727-328-7755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #