

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90040 043 ****50.00

DOCUMENT # L03000036439

1. Entity Name
COASTAL RESORTS REALTY, L.L.C.



Principal Place of Business
1865 AIRLANE DR., STE. 5
NASHVILLE, TN 37210

Mailing Address
1865 AIRLANE DR., STE. 5
NASHVILLE, TN 37210

20065108



07192005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2129215

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGENTS AND CORPORATIONS, INC.
SUITE E, 773 4TH AVE. NORTH
NAPLES, FL 34102

**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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRP
PRESLEY, STEVE W
232 STANLEY PARK LN
FRANKLIN, TN 37069

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
DILLON, JAMES M
3905 LAKERIDGE RUN
NASHVILLE, TN 37214

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
DORTON, BRANDON C
330 YORKSHIRE CIR.
NASHVILLE, TN 37211

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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)(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:

Steve W. Presley Steve W. Presley 7/19/05 615 476 0902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #