2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000036439

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

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

DO NOT WRITE IN THIS SPACE

03032006No Chg-LLC CR2E063 (11/05)

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

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

Filing Fee is $50.00
Due by May 1, 2006

000004620383
03/21/06-80022-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRP
NAME	PRESLEY, STEVE W
STREET ADDRESS	232 STANLEY PARK LN
CITY-ST-ZIP	FRANKLIN, TN 37069
TITLE	VP
NAME	DILLON, JAMES M
STREET ADDRESS	3905 LAKERIDGE RUN
CITY-ST-ZIP	NASHVILLE, TN 37214
TITLE	S
NAME	DORTON, BRANDON C
STREET ADDRESS	330 YORKSHIRE CIR.
CITY-ST-ZIP	NASHVILLE, TN 37211
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 605, Florida Statutes.

SIGNATURE: _____ 3/3/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #