

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90235 003 \*\*\*\*50.00

DOCUMENT # L03000039721

1. Entity Name  
COASTAL PARTNERS, LLC



Principal Place of Business  
778 SCENIC GULF DRIVE, A202  
DESTIN, FL 32550

Mailing Address  
778 SCENIC GULF DRIVE, A202  
DESTIN, FL 32550

24006672



2. Principal Place of Business

778 SCENIC GULF DRIVE

3. Mailing Address

778 SCENIC GULF DRIVE

Suite, Apt. #, etc.

A101

Suite, Apt. #, etc.

A101

City & State

DESTIN, FL

City & State

DESTIN, FL

Zip

32550

Country

Zip

32550

Country

01302004 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-0321666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FRANKLIN H. WATSON, P.A.  
5365 E. COUNTY HIGHWAY 30A, SUITE 105  
SEAGROVE BEACH, FL 32459

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
BARANOWSKI, JOSEPH  
778 SCENIC GULF DRIVE, A101  
DESTIN, FL 32550

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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:

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

1/29/04 850-685-6045  
Date Daytime Phone #