# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L03000039721**

1. Entity Name
COASTAL PARTNERS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 778 SCENIC GULF DRIVE<br>A101<br>DESTIN, FL  32550 | 778 SCENIC GULF DRIVE<br>A101<br>DESTIN, FL  32550 |

## DO NOT WRITE IN THIS SPACE

02212007No Chg-LLC          CR2E083 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 20-0321666 | 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

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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 _____

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, 2007**

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGRM |
| NAME | BARANOWSKI, JOSEPH |
| STREET ADDRESS | 778 SCENIC GULF DRIVE, A101 |
| CITY-ST-ZIP | DESTIN, FL  32550 |
| TITLE | |
| NAME | |
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03/07/07-80009-004 50.00

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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 608, Florida Statutes.

SIGNATURE: _____  2/21/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE          Date          Daytime Phone #