
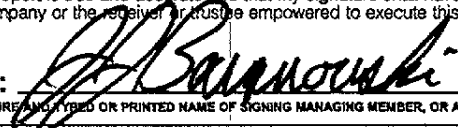


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L03000043334</b>		
1. Entity Name COASTAL PARTNERS SC2, LLC		
Principal Place of Business 778 SCENIC GULF DRIVE, A101 DESTIN, FL 32550		Mailing Address 778 SCENIC GULF DRIVE, A101 DESTIN, FL 32550
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent		<b>DO NOT WRITE IN THIS SPACE</b>
FRANKLIN H. WATSON, P.A. 5365 E. COUNTY HIGHWAY 30A, SUITE 105 SEAGROVE BEACH, FL 32459		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	BARANOWSKI, JOSEPH	
STREET ADDRESS	778 SCENIC GULF DRIVE A 101	
CITY-ST-ZIP	DESTIN, FL 32550	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<b>DO NOT WRITE IN THIS SPACE</b>
NAME		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		4/21/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #



03302006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0379061	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

U00000549627  
05/13/06-80026-014 50.00