


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000043334 1. Entity Name COASTAL PARTNERS SC2, LLC	
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Principal Place of Business 778 SCENIC GULF DRIVE, A101 DESTIN, FL 32550	Mailing Address 778 SCENIC GULF DRIVE, A101 DESTIN, FL 32550
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02212007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

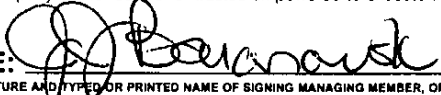
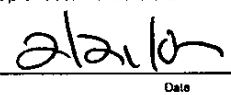
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARANOWSKI, JOSEPH 778 SCENIC GULF DRIVE A 101 DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMB LIEB, ALEXANDER 110 OVERLOOK ROAD ITHACA, NY 14850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMB MATTIS, JOHN 101C-NORTH GREENVILLE AVE. PMB#243 ALLEN, TX 75002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMB THORLEY, FRANK 12310 WINDSOR BEACH FENTON, MI 48430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000650222 03/08/07-80001-002 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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