2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # L03000047723

1. Entity Name

COASTAL INVESTMENT PARTNERS LLC



Principal Place of Business

Mailing Address

2716 HERSCHEL STREET JACKSONVILLE, FL 32205

2716 HERSCHEL STREET JACKSONVILLE, FL 32205

FILED May 02, 2007 8:00 am Secretary of State

05-02-2007 90360 013 ****50.00



04252007 No Chg-LLC

CR2E083 (11/05)

Daytime Phone #

4. FEI Number		Applied For
73-1687588		Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

GRIFFIN, STEVEN A 2716 HERSCHEL ST JACKSONVILLE, FL 32205

SIGNATURE:

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SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
THILE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEVEN, GRIFFIN A 2716 HERSCHEL ST JACKSONVILLE, FL 322058115		
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGR WILLIAM, MCCARTHY T 2716 HERSCHEL ST JACKSONVILLE, FL 322058115		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE
TITLE NAME STREET ADDRESS CIFY-ST-ZIP		IN THIS S	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
indicated	I on this report is trule and accurate and that my signature s	qualify for the exemptions contained in Chapter 119, Florida Statushall have the same legal effect as if made under oath; that I am a partie this report as required by Chapter 608, Florida Statutes.	tes. I further certify that the information managing member or manager of the