

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000054237	
1. Entity Name COASTAL PARTNERS WS1, LLC	
Principal Place of Business 778 SCENIC GULF DRIVE, A202 DESTIN, FL 32550	Mailing Address 778 SCENIC GULF DRIVE, A202 DESTIN, FL 32550



04202006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0506543	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	
WATSON, FRANKLIN H P.A. 5365 E. COUNTY HWY. 30A, SUITE 105 SEAGROVE BEACH, FL 32459	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, 2006**

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARANOWSKI, JOSEPH 778 SCENIC GULF DRIVE, A202 DESTIN, FL 32550	DO NOT WRITE IN THIS SPACE
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05/13/06-80026-012.50.00

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: *Joseph Baranowski* 4/26/06 Date
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone # _____