

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000057402

FILED
Apr 19, 2005
Secretary of State

Entity Name: COASTAL CAPITAL VENTURE, LLC

Current Principal Place of Business:

19 N. BOULEVARD OF THE PRESIDENTS
SUITE 405
SARASOTA, FL 34236 US

Current Mailing Address:

19 N. BOULEVARD OF THE PRESIDENTS
SUITE 405
SARASOTA, FL 34236 US

FEI Number: 88-0517148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILBERSTEIN, DAVID M
720 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 US

New Principal Place of Business:

19 N. BOULEVARD OF THE PRESIDENTS
SUITE 605
SARASOTA, FL 34236 US

New Mailing Address:

19 N. BOULEVARD OF THE PRESIDENTS
SUITE 605
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MERRITT, BRIAN
Address: 19 N BOULEVARD OF THE PRESIDENTS, STE, 405
City-St-Zip: SARASOTA, FL 34236 US

Title: MGR () Delete
Name: HOLLOWAY, JOE R
Address: 19 N BOULEVARD OF THE PRESIDENTS, STE 605
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOE R HOLLOWAY

MGR

04/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date