

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L04000000911

1. Entity Name
COASTAL PARTNERS, WS2. LLC



Principal Place of Business
**778 SCENIC GULF DRIVE, A101
DESTIN, FL 32550**

Mailing Address
**778 SCENIC GULF DRIVE, A101
DESTIN, FL 32550**



02212007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0564463

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BARANOWSKI, JOSEPH
STREET ADDRESS	778 SCENIC GULF DRIVE, A101
CITY- ST- ZIP	DESTIN, FL 32550
TITLE	MEMB
NAME	LIEB, ALEXANDER S
STREET ADDRESS	110 OVERLOOK ROAD
CITY- ST- ZIP	ITHACA, NY 14850
TITLE	MEMB
NAME	MATTIS, JOHN A
STREET ADDRESS	101-C NORTH GREENVILLE AVE, PMB #243
CITY- ST- ZIP	ALLEN, TX 75002
TITLE	MEMB
NAME	THORLEY, FRANK
STREET ADDRESS	12310 WINDSOR BEACH
CITY- ST- ZIP	FENTON, MI 48430
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000650221
03/08/07-80001-001 50.00

**DO NOT WRITE
IN THIS SPACE**

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 #