


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90033 044 ****50.00

DOCUMENT # L04000002680 1. Entity Name COASTAL INDUSTRIES WORLDWIDE, LLC			
Principal Place of Business 2441 E. HWY 98, UNIT 108 SANTA ROSA BEACH, FL 32459		Mailing Address 2441 E. HWY 98, UNIT 108 SANTA ROSA BEACH, FL 32459	
2. Principal Place of Business <i>40 Claron Drive</i>		3. Mailing Address <i>40 Claron Drive</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Panama City Beach, FL</i>		City & State <i>Panama City Beach, FL</i>	
Zip <i>32413</i>		Zip <i>32413</i>	
Country		Country	
4. FEI Number <i>20-0579186</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COFFIELD, P. COLLEEN 1719 S. COUNTY HWY 393 SANTA ROSA BEACH, FL 32459		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICHOLAS, LANCE G 250 CLAREON DR. PANAMA CITY BEACH, FL 32413 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <i>Nicholas, Lance G.</i> <i>40 Claron Dr.</i> <i>Panama City Beach, FL 32413</i> <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARTRICK, THOMAS J 705 GULFSHORE DR., #203 DESTIN, FL 32541 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Lance Nicholas MGR</i> <i>4/25/05</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			

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