


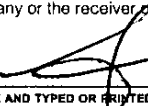
**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 25, 2006 8:00 am**  
**Secretary of State**

05-25-2006 90118 004 \*\*\*\*50.00

00000011



<b>DOCUMENT # L04000002680</b>					
1. Entity Name COASTAL INDUSTRIES WORLDWIDE, LLC					
Principal Place of Business 40 CLARON DRIVE PANAMA CITY BEACH, FL 32413		Mailing Address 40 CLARON DRIVE PANAMA CITY BEACH, FL 32413			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0579136	
Zip	Country	Zip	Country	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		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NICHOLAS, LANCE G		NAME		
STREET ADDRESS	40 CLAREN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARTRICK, THOMAS J		NAME		
STREET ADDRESS	705 GULFSHORE DR., #203		STREET ADDRESS		
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		5/1/06		880 258 3558	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

**ATTACHMENT**

20040517  
#L04000002680

**CARR, RIGGS INGRAM, LLC  
4460 LEGENDARY DRIVE, SUITE 100  
DESTIN, FLORIDA 32541  
850-837-3141**

**FILING INSTRUCTIONS**

**2006 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

- Name:** Coastal Industries Worldwide, LLC
- Date Due:** May 1, 2006
- Remittance:** \$50.00 is to be filed with the form and the check should be made payable to the Florida Department of State.
- Mail to:** Limited Liability Company  
Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314-6478
- Signature:** This return should be reviewed for accuracy with any corrections or changes made in the space provided. The form should be signed and dated on page 1 by the managing member, manager, or authorized representative of the organization.
- Other:** Changes must be typed or printed in ink and legible.