
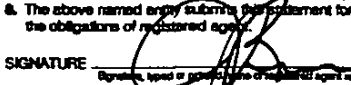
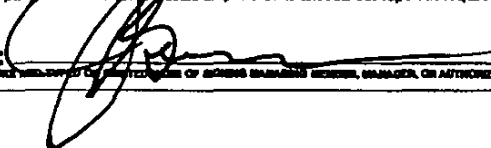


FILED
 Jul 29, 2005 8:00 am
 Secretary of State

05-04-2005 90035 050 ****50.00

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

30010336

DOCUMENT # L04000003648			
1. Entity Name DJB COASTAL INVESTMENTS, LLC			
Principal Place of Business 1515 EAST HEWETT SANTA ROSA BEACH, FL 32459		Mailing Address 1515 EAST HEWETT SANTA ROSA BEACH, FL 32459	
2. Principal Place of Business		2. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
3. Name and Address of Current Registered Agent BURNS, DEBORAH A 1515 EAST HEWETT SANTA ROSA BEACH, FL 32459		4. FEI Number 20-0992537	
5. Name and Address of New Registered Agent Name: BURNS, JEFFREY M Street Address (P.O. Box Number is Not Acceptable) 191 BAY CIRCLE DR. CITY: SANTA ROSA BEACH FL Zip Code: 32459		Applied For Not Applicable	
6. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
SIGNATURE: 		DATE: 7-26-05	
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: PRESIDENT <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: NAME: JEFFREY M. BURNS	TITLE: NAME:
STREET ADDRESS: 191 BAY CIRCLE DR	STREET ADDRESS:	CITY- ST- ZIP: SANTA ROSA BEACH, FL 32459	CITY- ST- ZIP:
TITLE: VICE - PRESIDENT <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: NAME: DEBORAH A. BURNS	TITLE: NAME:
STREET ADDRESS: 191 BAY CIRCLE DR	STREET ADDRESS:	CITY- ST- ZIP: SANTA ROSA BEACH, FL 32459	CITY- ST- ZIP:
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: NAME:	TITLE: 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	TITLE: NAME:	TITLE: 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	TITLE: NAME:	TITLE: 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 exemption stated in Section 119.07(3)(g), 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: 		DATE: 7-29-05 850-622-3354	

(L04000003648C)

04222005 Chg-LLC CR2E063 (10/03)

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

SIGNATURE:

DATE: 7-29-05 850-622-3354