

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003648

FILED
Jul 02, 2006
Secretary of State

Entity Name: DJB COASTAL INVESTMENTS, LLC

Current Principal Place of Business:

1515 EAST HEWETT
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

191 BAY CIRCLE DRIVE
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

1515 EAST HEWETT
SANTA ROSA BEACH, FL 32459

New Mailing Address:

191 BAY CIRCLE DRIVE
SANTA ROSA BEACH, FL 32459

FEI Number: 20-0992537 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BURNS, JEFFREY M
191 BAY CIRCLE DR
SANTA ROSA BEACH, FL 32459 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/MANAGERS:

Title: P () Delete
Name: BURNS, JEFFREY N
Address: 191 BAY CIRCLE DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VP () Delete
Name: BURNS, DEBORAH A
Address: 191 BAY CIRCLE DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

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 Chapter 119, 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: JEFFREY M. BURNS

PRES

07/02/2006

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