


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-29-2005 90028 026 ****50.00

DOCUMENT # L04000009960 1. Entity Name COASTAL INVESTMENT PROPERTIES, L.L.C.					
Principal Place of Business 22 BIRD OF PARADISE DRIVE PALM COAST, FL 32137			Mailing Address 22 BIRD OF PARADISE DRIVE PALM COAST, FL 32137		
2. Principal Place of Business 45 Pine Crest Ln. Suite, Apt. #, etc.		3. Mailing Address 45 Pine Crest Ln. Suite, Apt. #, etc.			
City & State Palm Coast, FL Zip 32164		City & State Palm Coast, FL Zip 32164		4. FEI Number 20-0651024	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VACULIK, MELISSA 22 BIRD OF PARADISE DRIVE PALM COAST, FL 32137			7. Name and Address of New Registered Agent Name Melissa Vaculik Street Address (P.O. Box Number is Not Acceptable) 45 Pine Crest Ln. City Palm Coast FL Zip Code 32164		
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 <u>Melissa Vaculik</u> <u>Melissa Vaculik</u> <u>04/25/05</u> <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	MGRM BAILEY, ALFRED D JR. 22 BIRD OF PARADISE DRIVE PALM COAST, FL 32137	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	45 Pine Crest Ln. Palm Coast, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VACULIK, MATTHEW F 22 BIRD OF PARADISE DRIVE PALM COAST, FL 32137	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	45 Pine Crest Ln. Palm Coast, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAILEY, BONNIE L 22 BIRD OF PARADISE DRIVE PALM COAST, FL 32137	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	45 Pine Crest Ln. Palm Coast, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VACULIK, MELISSA 22 BIRD OF PARADISE DRIVE PALM COAST, FL 32137	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	45 Pine Crest Ln. Palm Coast, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Alfred D. Bailey, Jr.</u> <u>Alfred D. Bailey, Jr.</u> <u>4/25/05</u> <u>386-437-2951</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					