2006 LIMITED LIABILITY COMPANY

SIGNATURE

FILED **ANNUAL REPORT** May 01, 2006 08:00 AN Secretary of State DOCUMENT # L04000015748 COASTAL PARTNERS DW2, LLC Principal Place of Business Mailing Address 778 SCENIC GULF DRIVE, A101 778 SCENIC GULF DRIVE, A101 DESTIN, FL 32550 DESTIN, FL 32550 03302006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0786422 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRANKLIN H. WATSON, P.A. DO NOT WRITE 5365 E. COUNTY HIGHWAY 30 A SUITE 105 IN THIS SPACE SEAGROVE BEACH, FL 32459 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. **MGRM** TITLE BARANOWSKI, JOSEPH NAME 778 SCENIC GULF DRIVE, A101 STREET ADDRESS DESTIN, FL 32550 CITY-ST-ZIP U00000549637 05/13/06-80026-016 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 mystee empowered to execute this report as required by Chapter 608, Florida Statutes.

ANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #