

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90372 002 ***138.75

DOCUMENT # L04000015748

1. Entity Name

COASTAL PARTNERS DW2, LLC



Principal Place of Business

778 SCENIC GULF DRIVE, A101
DESTIN, FL 32550

Mailing Address

778 SCENIC GULF DRIVE, A101
DESTIN, FL 32550

50005949



03212008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0786422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANKLIN H. WATSON, P.A.
5365 E. COUNTY HIGHWAY 30 A
SUITE 105
SEAGROVE BEACH, FL 32459

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BARANOWSKI, JOSEPH
STREET ADDRESS	778 SCENIC GULF DRIVE, A101
CITY-ST-ZIP	DESTIN, FL 32550
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #