2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-29-2005 90032 037 *****50.00
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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03152005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000015882

1. Entity Name
COASTALAND DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
2605 THOMAS DRIVE, SUITE 100 PANAMA CITY BEACH, FL 32408	2605 THOMAS DRIVE, SUITE 100 PANAMA CITY BEACH, FL 32408

2. Principal Place of Business	3. Mailing Address
5505 Sun Harbor Rd	5505 Sun Harbor Rd
Suite, Apt. #, etc.: Suite 1	Suite, Apt. #, etc.: Suite 1
City & State: Panama City, FL	City & State: Panama City, FL
Zip: 32401 Country: USA	Zip: 32401 Country: USA

4. FEI Number: 20-0956233 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARRISON, RIVARD, ZIMMERMAN & BENNETT, CHT 109 HARRISON AVENUE PANAMA CITY, FL 32401	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRUBBS, WILLIAM C 2605 THOMAS DRIVE, SUITE 100 PANAMA CITY BEACH, FL 32408	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Grubbs, William C 5505 Sun Harbor Rd. Suite 1 Panama City FL 32401	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO/CFO Mark E. Lolley 5505 Sun Harbor Rd. Suite 1 Panama City, FL 32401	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Mark E. Lolley Mark E. Lolley 4-28-05 850-596-7895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #