

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-21-2005 90175 029 ****50.00

DOCUMENT # L04000020201					
1. Entity Name COASTAL CUSTOM HOMES & REMODELING, LLC					
Principal Place of Business 1420 MINNESOTA AVENUE LYNN HAVEN, FL 32444			Mailing Address 1420 MINNESOTA AVENUE LYNN HAVEN, FL 32444		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
YVONNE WALKER, MICHELLE 1420 MINNESOTA AVENUE LYNN HAVEN, FL 32444			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 _____ DATE _____ Signature, word or printed name of registered agent and its J applicator. (NOTE: Registered Agent signature required when constituting)					
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 YVONNE WALKER, MICHELLE 1420 MINNESOTA AVENUE LYNN HAVEN, FL 32444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLEN WALKER, WAYNE 1420 MINNESOTA AVENUE LYNN HAVEN, FL 32444	☐ 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	
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	
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 606, Florida Statutes.					
SIGNATURE: <i>Michael Walker</i>			Date: 2-14-05		
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Days and phone # 258-6534		

30001987



02042005 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3629497 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required