2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2005
Secretary of State

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Entity Name: COASTALVEST, LLC

Current Principal Place of Business:

11810 CAPRI CIRCLE S
UNIT #2
TREASURE ISLAND, FL 33706

New Principal Place of Business:

11810 CAPRI CIRCLE S
TREASURE ISLAND, FL 33706

Current Mailing Address:

11810 CAPRI CIRCLE S
UNIT #2
TREASURE ISLAND, FL 33706 US

New Mailing Address:

11810 CAPRI CIRCLE S
TREASURE ISLAND, FL 33706 US

FEI Number: 20-0924961 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, JACK L
11810 CAPRI CIRCLE S
UNIT #2
TREASURE ISLAND, FL 33706 US

Name and Address of New Registered Agent:

JONES, JACK L
11810 CAPRI CIRCLE S
TREASURE ISLAND, FL 33706 US

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.

SIGNATURE: JACK L. JONES 07/23/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JONES, JACK L
Address: 11810 CAPRI CIRCLE S, UNIT #2
City-St-Zip: TREASURE ISLAND, FL 33706 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JACK L. JONES MGR 07/23/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date