2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# L04000024987

Entity Name: COASTAL PROPERTY, LLC

Current Principal Place of Business:

4063 SALISBURY ROAD, STE. 205
JACKSONVILLE, FL 32216

New Principal Place of Business:

4147 SOUTHPOINT DRIVE. EAST
JACKSONVILLE, FL 32216

Current Mailing Address:

4549 GLEN KARRAN PKWY E
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 20-1190247 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

FEE, FRANK H III,ESQ
401 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FEE, TIMOTHY E MD
Address: 4063 SALISBURY ROAD, STE. 205
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR ( ) Delete
Name: SPILLERT, LEONARD J M.D.
Address: 4063 SALISBURY ROAD, STE. 205
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FEE, TIMOTHY E MD
Address: 4147 SOUTHPOINT DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR (X) Change ( ) Addition
Name: SPILLERT, LEONARD J M.D.
Address: 4147 SOUTHPOINT DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TIMOTHY E. FEE M.D. PRES 05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date