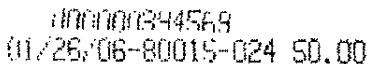


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000029155</b>		
1. Entity Name COASTAL PUBLISHING, LLC		
Principal Place of Business 1374 SAN MATEO DRIVE PUNTA GORDA, FL 33950		Mailing Address 1133 BAL HARBOR BLVD STE 1139 PUNTA GORDA, FL 33950
<b>DO NOT WRITE IN THIS SPACE</b>		
		
01162006No Chg-LLC CR2E083 (11/05)		
4. FEI Number 20-1040648		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent  WOTITZKY, HAL 223 TAYLOR STREET PUNTA GORDA, FL 33950		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
9. MANAGING MEMBERS/MANAGERS		 <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RICE, JOAN W 1374 SAN MATEO DRIVE PUNTA GORDA, FL 33950	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SLIMP, GWEN H 1373 SAN MATEO DRIVE PUNTA GORDA, FL 33950	
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		
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: <u>Joan W. Rice, Member</u> <u>Joan W. Rice</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		