


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000030409</b>	
1. Entity Name COASTAL ENTERPRISES OF PINELLAS, LLC	

Principal Place of Business 1362 WILLIAMS DRIVE CLEARWATER, FL 33764	Mailing Address P.O. BOX 5822 CLEARWATER, FL 33758
----------------------------------------------------------------------------	----------------------------------------------------------



03252006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1047195	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  LYONS, STEPHEN B 1362 WILLIAMS DRIVE CLEARWATER, FL 33764
------------------------------------------------------------------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LYONS, STEPHEN B 1362 WILLIAMS DRIVE CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LYONS, GAIL RAE 1362 WILLIAMS DRIVE CLEARWATER, FL 33764
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	

11000001484375  
04/12/06-80035-015 50.00

**DO NOT WRITE IN THIS SPACE**

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 609, Florida Statutes.

**SIGNATURE:** Gail R Lyons 3-25-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #