


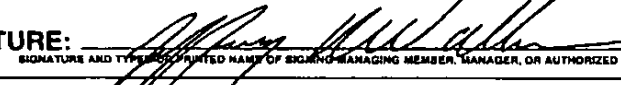


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 10, 2005 8:00 am
Secretary of State

05-02-2005 90367 012 ****50.00

DOCUMENT # L04000038318 1. Entity Name COASTAL PAINT BALL, LLC					
Principal Place of Business 453 WOODSTOCK DRIVE PORT ORANGE, FL 32127			Mailing Address 453 WOODSTOCK DRIVE PORT ORANGE, FL 32127		
2. Principal Place of Business 663 QUERCUS ST. Suite, Apt. #, etc.		3. Mailing Address 663 QUERCUS ST. Suite, Apt. #, etc.		30009128 	
City & State PORT ORANGE, FL Zip 32127		City & State PORT ORANGE, FL Zip 32127		4. FEI Number 34-2006821	
Country FLORIDA		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PECORARO, VINCENT 453 WOODSTOCK DRIVE PORT ORANGE, FL 32127				7. Name and Address of New Registered Agent Name JEFF WALKER Street Address (P.O. Box Number is Not Acceptable) 663 QUERCUS ST. City PORT ORANGE FL Zip Code 32127	
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  JEFF WALKER DATE 6/6/05 <small>Signature must be printed name of Registered agent and file # applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGR PECORARO, VINCENT 453 WOODSTOCK DRIVE PORT ORANGE, FL 32127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALKER, JEFF 663 QUERCUS STREET PORT ORANGE, FL 32127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALKER, JEFF 663 QUERCUS STREET PORT ORANGE, FL 32127	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALKER, JEFF 663 QUERCUS STREET PORT ORANGE, FL 32127	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALKER, JEFF 663 QUERCUS STREET PORT ORANGE, FL 32127	<input type="checkbox"/> Delete			
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 608, Florida Statutes.					
SIGNATURE: 				Date 4/28/05 Daytime Phone # 3862141939	