


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

02-16-2005 90163 042 ****50.00

DOCUMENT # L04000038925

1. Entity Name
INTERCOASTAL PARTNERS, LLC



Principal Place of Business
**45 TIDY ISLAND BOULEVARD
 BRADENTON FL 34210
 US**

Mailing Address
**45 TIDY ISLAND
 BRADENTON FL 34210
 US**

2. Principal Place of Business
630 N. HOUGH ST
 Suite, Apt. #, etc.

3. Mailing Address
630 N. HOUGH ST.
 Suite, Apt. #, etc.

City & State
BARRINGTON, IL

City & State
BARRINGTON, IL

Zip
60010

Country
USA

Zip
60010

Country
USA

4. FEI Number
20-1341749

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent
**ANDERSON, JOHN W IV
 45 TIDY ISLAND BOULEVARD
 BRADENTON FL 34210**

7. Name and Address of New Registered Agent


Name
TRAVIS WIERSMA JACK ANDERSON

Street Address (P.O. Box Number is Not Acceptable)
630 N. HOUGH ST 1103 3rd ST. EAST

City
BARRINGTON, IL PALMETTO FL

Zip Code
60010 34221

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  DATE **2.1.05**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WIERSMA, TRAVIS L 630 N. HOUGH STREET BARRINGTON IL 60010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WIERSMA, MEGAN E 630 N. HOUGH STREET BARRINGTON IL 60010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, SUE A 45 TIDY ISLAND BOULEVARD BRADENTON FL 34210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1103 3rd STREET EAST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, JOHN W IV 45 TIDY ISLAND BOULEVARD BRADENTON FL 34210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1103 3rd STREET EAST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **2.1.05** DAYTIME PHONE # **847.713.2189**

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE