


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000039347		
1. Entity Name COASTAL DREAM LLC		
Principal Place of Business 9490 BENCHMARK LANE CINCINNATI, OH 45242	Mailing Address 9490 BENCHMARK LANE CINCINNATI, OH 45242	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent UHLFELDER, DANIEL W 3092 W. COUNTY HIGHWAY 30A SANTA ROSA BEACH, FL 32459		DO NOT WRITE IN THIS SPACE
B. 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)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANGHORNE, CAROLEE 9490 BECHMARK LANE CINCINNATI, OH 45242	DO NOT WRITE IN THIS SPACE
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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>Carolee Langhorn</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>4-25-06</u> Daytime Phone # <u>513-793-6655</u>



04212006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-2463148	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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05/13/06-80034-008 50.00