

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057221

FILED  
Jul 20, 2005  
Secretary of State

Entity Name: COASTAL LIVING REAL ESTATE, LLC

**Current Principal Place of Business:**

4757 S. ATLANTIC AVENUE  
SUITE 202  
PONCE INLET, FL 32127 US

**New Principal Place of Business:**

220 DUNLAWTON AVENUE  
PORT ORANGE, FL 32127 US

**Current Mailing Address:**

4757 S. ATLANTIC AVENUE  
SUITE 202  
PONCE INLET, FL 32127 US

**New Mailing Address:**

220 DUNLAWTON AVENUE  
PORT ORANGE, FL 32127 US

FEI Number: 20-1442543      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FAMILIA, WILLIAM W  
4757 S. ATLANTIC AVENUE  
SUITE 202  
PONCE INLET, FL 32127 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: FAMILIA, WILLIAM W  
Address: 4757 S. ATLANTIC AVENUE, SUITE 202  
City-St-Zip: PONCE INLET, FL 32127 US

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Delete  
Name: FAMILIA, MELINDA M  
Address: 4757 S. ATLANTIC AVENUE, SUITE 202  
City-St-Zip: PONCE INLET, FL 32127 US

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM W. FAMILIA

MGR

07/20/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date