


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90064 013 ****50.00

DOCUMENT # L04000058976					
1. Entity Name COASTAL COMMUNITIES, LLC					
Principal Place of Business 2033 MAIN STREET SUITE 201 SARASOTA, FL 34237			Mailing Address 5214 AVENIDA DEL MARE SARASOTA, FL 34242		
2. Principal Place of Business 1343 MAIN STREET Suite, Apt. #, etc. 502 City & State SARASOTA, FL Zip 34236 Country US		3. Mailing Address 1343 MAIN STREET Suite, Apt. #, etc. 502 City & State SARASOTA, FL Zip 34236 Country US			
4. FEI Number 20-1518798				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04142006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent COASTAL BUSINESS CONSULTANTS, LLC 5214 AVENIDA DEL MARE SARASOTA, FL 34242			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>Roger Van Wie</u> ROGER VAN WIE, MANAGER DATE 4.14.06 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COASTAL BUSINESS CONSULTANTS, LLC 5214 AVENIDA DEL MARE SARASOTA, FL 34242 <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 LEFROCK, JACK 647 WATERSIDE WAY SARASOTA, FL 34242 <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	
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	
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 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>Roger Van Wie</u> ROGER VAN WIE, MANAGER DATE 4.14.06 (9A) 309-0303 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					