


2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 23 AM 9:30

DOCUMENT # L04000059322 1. Entity Name COASTAL CAPITAL MANAGEMENT, LLC					
Principal Place of Business 6350 GULF OF MEXICO DRIVE SUITE 104 LONGBOAT KEY, FL 34228 US			Mailing Address 6350 GULF OF MEXICO DRIVE SUITE 104 LONGBOAT KEY, FL 34228 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1514097	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			Name <u>Robert Ogilvie</u> Street Address (P.O. Box Number is Not Acceptable) <u>6407 Rosefinch Court #102</u> City <u>LAKEWOOD RANCH</u> FL <u>34202</u>		
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>Robert Ogilvie</u> (NOTE: Registered Agent signature required when reinstating) <u>May 19, 2005</u>					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OGILVIE, ROBERT J 6407 ROSEFINCH COURT, #102 LAKEWOOD RANCH, FL 34202	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: <u>Robert Ogilvie</u> <u>May 19, 2005</u> <u>941-870-5731</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					