

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000059472

1. Entity Name
COASTAL PARTNERS FL1, LLC



Principal Place of Business
**778 SCENIC GULF DRIVE A101
DESTIN, FL 32550**

Mailing Address
**778 SCENIC GULF DRIVE A101
DESTIN, FL 32550**



03212008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1504311	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**WATSON, FRANKLIN H P.A.
5365 E. COUNTY HIGHWAY 30A STE. 105
SEAGROVE BEACH, FL 32459**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000927152
05/20/08-80095-013 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARANOWSKI, JOSEPH 778 SCENIC GULF DRIVE A101 DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMB WOODY III, GUY 9812 OSCAR CIRCLE FOUNTAIN VALLEY, CA 92708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMB HARRIGAN, ELLEN 193 MORGAN AVENUE SOUTH AMBOY, NJ 08879
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMB MARTIN, PHIL 6611 MADISON MCLEAN DRIVE MCLEAN, VA 22101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

4/23/08 (850) 892-5575