2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 27, 2005
Secretary of State

DOCUMENT# L04000061519

Entity Name: COASTAL GETAWAYS, LLC

Current Principal Place of Business:

7757 CRICKLEWOOD DRIVE
TALLAHASSEE, FL 323126758

New Principal Place of Business:

8824 WINGED FOOT DR
TALLAHASSEE, FL 32312

Current Mailing Address:

6753 THOMASVILLE RD., PMB #228
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCWILLIAMS, SHANNON
8824 WINGED FOOT DRIVE
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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: SHANNON MCWILLIAMS
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	ROBERTS, MICHAEL A JR	
Address:	7757 CRICKLEWOOD DRIVE	
City-St-Zip:	TALLAHASSEE, FL 323126785	
Title:	MGRM	( ) Delete
Name:	MCWILLIAMS, SHANNON P	
Address:	8824 WINGED FOOT DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	MGRM	(X) Delete
Name:	ROBERTS, SUZANNE	
Address:	7757 CRICKLEWOOD DRIVE	
City-St-Zip:	TALLAHASSEE, FL 323126785	
Title:	MGRM	(X) Delete
Name:	MCWILLIAMS, KIMBERLY A	
Address:	8824 WINGED FOOT DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32312	

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	MCWILLIAMS, SHANNON P	
Address:	8824 WINGED FOOT DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	MGRM	(X) Change ( ) Addition
Name:	MCWILLIAMS, KIMBERLY A	
Address:	8824 WINGED FOOT DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: SHANNON MCWILLIAMS MGRM 09/27/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date