

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061717

FILED
May 07, 2006
Secretary of State

Entity Name: COASTAL INVESTORS ASSOCIATION, LLC

Current Principal Place of Business:

125 E. MERRITT ISLAND CSWY
SUITE 209127
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

125 E. MERRITT ISLAND CSWY
SUITE 209127
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

MCCLATCHEY, CHRISTOPHER J
125 E. MERRITT ISLAND CSWY
SUITE 209127
MERRITT, FL 32952 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: MGRM () Delete
Name: MCCLATCHEY, CHRISTOPHER J
Address: 125 E. MERRITT ISLAND CSY, STE 209127
City-St-Zip: MERRITT ISLAND, FL 32952 US

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

Title: MGRM () Delete
Name: FISCHER, CHARLES
Address: 125 E. MERRITT ISLAND CSY, STE 209127
City-St-Zip: MERRITT ISLAND, FL 32952 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 Chapter 119, 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: CHRISTOPHER J. MCCLATCHEY

MGM

05/07/2006

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