2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT DOCUMENT # L04000065027

1. Entity Name

COASTAL PARTNERS DP3, LLC



Principal Place of Business

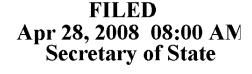
Mailing Address

778 SCENIC GULF DRIVE

778 SCENIC GULF DRIVE

A101 DESTIN, FL 32550

DESTIN, FL 32550





DO NOT WRITE IN THIS SPACE

03212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1544188

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8.	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 900000327249 05/20/08-80100-005 138.75

9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARANOWSKI, JOSEPH J 778 SCENIC GULF DRIVE A101 DESTIN, FL 32550		
TITLE NAME STREET ADDRESS CITY-S1-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-SI-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling does not qualify for the exe			

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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 TIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4193108

(50)897-5579

Daytime Phone #