

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069648

FILED
Jul 12, 2005
Secretary of State

Entity Name: COASTAL HOTEL CONTENT LIQUIDATORS, LLC.

Current Principal Place of Business:

615 SOUTH PALM AVE.
SUITE # 2
SARASOTA,, FL 34236-675

New Principal Place of Business:

4507 60TH ST CT W
BRADENTON, FL 34210

Current Mailing Address:

P.O. BOX #14
LONGBOAT KEY, FL 34228-00

New Mailing Address:

4507 60TH ST CT W
BRADENTON, FL 34210

FEI Number: 26-0096282 FEI Number Applied For () FEI Number Not Applicable () 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:

YERKES, GEORGE
615 SOUTH PALM AVE.
SUITE # 2
SARASOTA,, FL 34236 US

Name and Address of New Registered Agent:

YERKES, GEORGE
4507 60TH ST CT W
BRADENTON, FL 34210 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: GEORGE YERKES

07/12/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: YERKES, GEORGE B PRES.
Address: 615 SOUTH PALM AVE. , SUITE # 2
City-St-Zip: SARASOTA,, FL 34236-67 58

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: YERKES, GEORGE B PRES.
Address: 4507 60TH ST CT W
City-St-Zip: BRADENTON, FL 34210

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: GEORGE YERKES

PRES

07/12/2005

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