2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2005
Secretary of State

DOCUMENT# L04000072973

Entity Name: COASTLINE CONSULTING & DEVELOPING, LLC

Current Principal Place of Business:

33 COMARES AVENUE, #103
ST AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

33 COMARES AVENUE, #103
ST AUGUSTINE, FL 32080

New Mailing Address:

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

Name and Address of Current Registered Agent:

NESSMITH, ORA P
33 COMARES AVENUE, #103
ST AUGUSTINE, FL 32080 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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: NESSMITH, ORA P
Address: 33 COMARES AVENUE, #103
City-St-Zip: ST AUGUSTINE, FL 32080

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition
Name: VORPE, ORA P
Address: 33 COMARES AVENUE, #103
City-St-Zip: ST AUGUSTINE, FL 32080

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: ORA P VORPE MGR 02/15/2005

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