2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072973

Entity Name: COASTLINE CONSULTING & DEVELOPING, LLC

FILED Jan 31, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

33 COMARES AVENUE, #103 ST AUGUSTINE, FL 32080

Current Mailing Address: New Mailing Address:

33 COMARES AVENUE, #103 ST AUGUSTINE, FL 32080

FEI Number: 20-2348660 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NESSMITH, ORA P 33 COMARES AVENUE, #103 VORPE, ORA P 33 COMARES AVEN

33 COMARES AVENUE, #103 33 COMARES AVENUE, #103 ST AUGUSTINE, FL 32080 US ST AUGUSTINE, FL 32080 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: ORA P VORPE 01/31/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition Name: NESSMITH, ORA P Name: VORPE, ORA P Address: 33 COMARES AVENUE #103

 Address:
 33 COMARES AVENUE, #103
 Address:
 33 COMARES AVENUE, #103

 City-St-Zip:
 ST AUGUSTINE, FL 32080
 City-St-Zip:
 ST AUGUSTINE, FL 32080

Title: MGR () Delete Title: () Change () Addition

 Name:
 VORPE, ORA P
 Name:

 Address:
 33 COMARES AVENUE, #103
 Address:

 City-St-Zip:
 ST AUGUSTINE, FL 32080
 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: ORA P VORPE PRES 01/31/2006