


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90205 016 ****50.00

DOCUMENT # L04000083423	
1. Entity Name COAST SRS, L.L.C.	

Principal Place of Business 5514 PARK BOULEVARD PINELLAS PARK, FL 33781 US	Mailing Address 5514 PARK BOULEVARD PINELLAS PARK, FL 33781 US
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20024603

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03212005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-2090600	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ENGLANDER, LEONARD S 721 FIRST AVENUE NORTH ST. PETERSBURG, FL 33731		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRODERICK, ROGER B 5514 PARK BOULEVARD ST. PETERSBURG, FL 33781 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		Pineellas Park, FL 33781	
		MGR	
		John E. Stross	
		3010 82nd way N.	
		St. Petersburg, FL 33710	
		MGR	
		Theburg Investments Inc.	
		150 Second Ave N, Ste 1600	
		St. Petersburg, FL 33701	

11. I hereby certify that the information supplied with this filing does not qualify 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 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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/22/05

Date

727-544-1403

Daytime Phone #