FILED
Apr 21, 2005 8:00 am
Secretary of State
04-04-2005 90426 010 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000086128

1. Entity Name
COASTAL PREFERRED PROPERTIES, LLC

Principal Place of Business
304 NORTHEAST 12TH AVENUE
FORT LAUDERDALE, FL 33301

Mailing Address
304 NORTHEAST 12TH AVENUE
FORT LAUDERDALE, FL 33301

03292005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business: 304 NE 12 Ave.
Suite, Apt. #, etc.
City & State: Ft. Laud. FL
Zip: 33301 Country: Broward

3. Mailing Address: 304 NE 12 Ave.
Suite, Apt. #, etc.
City & State: Ft. Laud. FL
Zip: 33301 Country: Broward

4. FEI Number: 02-0734071 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
MCGEE, MARGARET E
304 NORTHEAST 12TH AVENUE
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent
Name: Margaret E. McGee
Street Address (P.O. Box Number is Not Acceptable): 304 NE 12 Ave.
City: Ft. Lauderdale FL Zip Code: 33301

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

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	BROKER/OWNER MARGARET MCGEE 304 NE 12th Ave. Ft Laud. FL 33301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Broker/Owner/Sole Member Same ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

Completed Form Attached - Please note I am the sole member for my company.
Margaret McGee
Broker / Owner / Managing Member
Thanks!!!

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S... indicated on this report is true and accurate and that my signature shall have the same legal effect as if... limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Margaret E. McGee 3-29-2005 954-614-4599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

MARGARET E. MCGEE