


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

02-20-2006 90144 008 ****50.00

DOCUMENT # L05000013418					
1. Entity Name COASTAL INTERIORS AND PROPERTIES, LLC					
Principal Place of Business 4191 CAMELIA DRIVE SPRING HILL FL 34607			Mailing Address 4191 CAMELIA DRIVE SPRING HILL FL 34607		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 55-0890045	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ELSEBOUGH, DAVID 4191 CAMELIA DRIVE SPRING HILL FL 34607				7. Name and Address of New Registered Agent	
				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 renouncing)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELSEBOUGH, DAVID		NAME		
STREET ADDRESS	4191 CAMELIA DRIVE		STREET ADDRESS		
CITY - ST - ZIP	SPRING HILL FL 34607		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELSEBOUGH, DEBORAH		NAME		
STREET ADDRESS	4191 CAMELIA DRIVE		STREET ADDRESS		
CITY - ST - ZIP	SPRING HILL FL 34607		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>David Elsebough</i>			1/3/06 (352) 596-7510 Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



ATTACHMENT
26002451

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

COASTAL INTERIORS AND PROPERTIES, LLC
4191 CAMELIA DRIVE
SPRING HILL, FL 34607

Subject: **COASTAL INTERIORS AND PROPERTIES, LLC**

Reference Number:

L05000013418

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JD

ANNUAL REPORTS SECTION

ATTACHMENT
 30002451
 #L05000013418

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COASTAL INTERIORS 04-05
 352-596-7510
 4191 CAMELIA DR.
 HERNANDO BEACH, FL 34607-3304

DATE Feb 2 2006

20009162

PAY TO THE ORDER OF Florida Dept of State

Twenty dollars \$ 50.00 DOLLARS

Bank of America

ACH NIT 063100277

FOR LCC file / Doc # L05000013418

001087 :063100277: 003678282901*

00000005000

DEPARTMENT OF STATE
 FOR DEPOSIT ONLY
 ACCT # 10000670

20 FEB 2 2006

FEB 27 06

DATE 02/22/06
 FILE C 555 OF

IMPORTANT:
 This document has been
 stamped with a national security
 stamp as it is a check from a
 U.S. bank.
 Do not destroy the stamp.
 The security feature pattern is visible
 when held up to the light.
 The word "VOID" appears in the
 center of the stamp.
 Destroy stamp on cards and/or in
 full of amount area
 after use.