
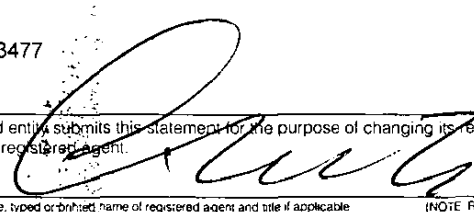
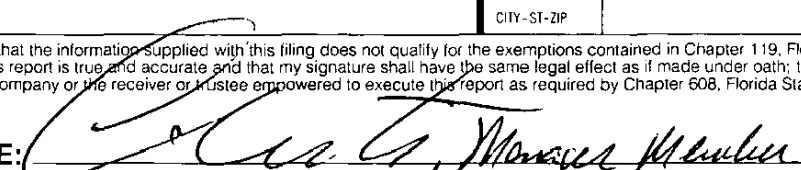


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90028 009 \*\*\*\*50.00

<b>DOCUMENT # L05000029569</b> 1. Entity Name COASTAL PRESSURE WASHING, LLC.					
Principal Place of Business <b>725 N. A1A</b> <b>SUITE C-110</b> <b>JUPITER, FL 33477</b>			Mailing Address <b>725 N. A1A</b> <b>SUITE C-110</b> <b>JUPITER, FL 33477</b>		
2. Principal Place of Business - No P.O. Box # <b>10822 SE ARIELLE TERR</b>		3. Mailing Address <b>10822 SE ARIELLE TERRACE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>TEQUESTA, FL</b>		City & State <b>TEQUESTA, FL</b>		4. FEI Number <b>20-2568200</b>	
Zip <b>33469</b>		Country <b>MARTIN</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WHITE, CHARLES R.L.</b> <b>725 N. A1A</b> <b>SUITE C-110</b> <b>JUPITER, FL 33477</b>			7. Name and Address of New Registered Agent  Name <b>CHARLES R.L. WHITE</b> Street Address (P.O. Box Number is Not Acceptable) <b>10822 SE ARIELLE TERRACE</b>  City <b>TEQUESTA</b> FL Zip Code <b>33469</b>		
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  DATE <b>4/23/07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, CHARLES R.L. 10822 SE ARIELLE TERRACE TEQUESTA, FL 33469	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, SUSAN H 10822 SE ARIELLE TERRACE TEQUESTA, FL 33469	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b>  <b>4/23/07</b> <b>744-3973</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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