


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

9-15-06
200.00

DOCUMENT # L05000036408		
1. Entity Name COASTAL HOME COMPANY, LLC		

FILED

07 FEB 26 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business P.O. BOX 27933 LOS ANGELES, CA 90027 US	Mailing Address P.O. BOX 27933 LOS ANGELES, CA 90027 US
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2. Principal Place of Business 398 KINGSTON COURT Suite, Apt. #, etc:	3. Mailing Address 16255 VENTURA BLVD. Suite 625 City & State ENCINO CA
City & State WEST NEW YORK, NJ	City & State ENCINO CA
Zip 07093	Country US
Zip 91436	Country US

07072006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2805654

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent PARSONS, CHRIS 6455 GATEWAY AVE. SUITE A SARASOTA, FL 34231	
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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

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 September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINN, JAMES JR P.O. BOX 27933 LOS ANGELES, CA 90027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16255 VENTURA BLVD STE 625 ENCINO CA 91436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLASI-FINN, ROSA P.O. BOX 27933 LOS ANGELES, CA 90027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16255 VENTURA BLVD STE 625 ENCINO, CA 91436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900089978699 03/01/07--01048--010 **200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 06-07
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/11/07

818-789-9090