

DOCUMENT# L05000039505

**Entity Name:** COASTAL BUILDING ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

8077 KIPLING STREET  
PENSACOLA, FL 32514

**New Principal Place of Business:**

407 ALCANIZ STREET  
PENSACOLA, FL 32501

**Current Mailing Address:**

8077 KIPLING STREET  
PENSACOLA, FL 32514

**New Mailing Address:**

407 ALCANIZ STREET  
PENSACOLA, FL 32501

**FEI Number:** \_\_\_\_\_ **FEI Number Applied For (X)** \_\_\_\_\_ **FEI Number Not Applicable ( )** \_\_\_\_\_ **Certificate of Status Desired (X)** \_\_\_\_\_

**Name and Address of Current Registered Agent:**

STALKER, HARRY L  
8077 KIJILING STREET  
PENSACOLA, FL 32514 US

**Name and Address of New Registered Agent:**

STALKER, HARRY L  
407 ALCANIZ STREET  
PENSACOLA, FL 32501 US

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.

SIGNATURE:

02/01/2006

Electronic Signature of Registered Agent

Date \_\_\_\_\_

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STALKER, HARRY L  
Address: 8077 KILPING STREET  
City-St-Zip: PENSACOLA, FL 32514

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STALKER, HARRY L  
Address: 407 ALCANIZ STREET  
City-St-Zip: PENSACOLA, FL 32501

Title: MGRM (X) Delete  
Name: DEGEURIN, RICK  
Address: 8077 KILPLING STREET  
City-St-Zip: PENSACOLA, FL 32514

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HARR L. STALKER

MGR

02/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date