


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90045 007 \*\*\*\*50.00

<b>DOCUMENT # L05000065010</b>					
1. Entity Name <b>COASTAL FINISH CARPENTRY LLC</b>					
Principal Place of Business <b>216 FLORIDA AVENUE NEW SMYRNA BEACH, FL 32169</b>			Mailing Address <b>216 FLORIDA AVENUE NEW SMYRNA BEACH, FL 32169</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number <b>432084814</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DESTEFANO, MICHAEL J 216 FLORIDA AVE NEW SMYRNA BEACH, FL 32169</b>			7. Name and Address of New Registered Agent Name: <b>NONE</b> Street Address (P.O. Box Number is Not Acceptable): City: <b>FL</b> 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: <i>Michael J Destefano</i>				DATE: <b>5/5/06</b>	
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
10. MANAGING MEMBERS/MANAGERS				11. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>OWNER MICHAEL DESTEFANO 216 FLORIDA AVE NEW SMYRNA BEACH FL 32169</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>NONE</b>	
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	
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	
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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: <i>Michael J Destefano</i>				Date: <b>April 7, 2006</b> (386) (90-3102)	

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01052006 Chg-LLC CR2E083 (11/05)