


**2007 LIMITED LIABILITY COMPANY - ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000065010	
1. Entity Name COASTAL FINISH CARPENTRY LLC	

Principal Place of Business 216 FLORIDA AVENUE NEW SMYRNA BEACH, FL 32169	Mailing Address 216 FLORIDA AVENUE NEW SMYRNA BEACH, FL 32169
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**DO NOT WRITE IN THIS SPACE**



01142007No Chg-LLC CR2E083 (11/05)

4. FEI Number 43-2084814	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DESTEFANO, MICHAEL J  
 216 FLORIDA AVE  
 NEW SMYRNA BEACH, FL 32169

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when renouncing)

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DESTEFANO, MICHAEL 216 FLORIDA AVE NEW SMYRNA BEACH, FL 32169
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**DO NOT WRITE IN THIS SPACE**

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:** Michael Destefano 4/25/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #