

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070195

FILED  
Apr 20, 2006  
Secretary of State

Entity Name: A.B. COASTAL L.L.C.

**Current Principal Place of Business:**

3504 KINGS ROAD SOUTH  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

3504 KINGS ROAD SOUTH  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

FEI Number: 56-2525092

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AUD, MICHAEL  
320 HARBOR BLVD., #304  
DESTIN, FL 32541 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BROWN, KENT  
Address: 3504 KINGS ROAD SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGRM ( ) Delete  
Name: BROWN, SUZANNE  
Address: 3504 KINGS ROAD SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGRM ( ) Delete  
Name: AUD, MICHAEL  
Address: 320 HARBOR BLVD., #304  
City-St-Zip: DESTIN, FL 32541

Title: MGRM ( ) Delete  
Name: WYATT, PAM  
Address: 320 HARBOR BLVD., #304  
City-St-Zip: DESTIN, FL 32541

**ADDITIONS/CHANGES:**

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

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

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

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: MICHAEL AUD

PRES

04/20/2006

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