2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jun 09, 2006
Secretary of State

DOCUMENT# L05000103953

Entity Name: COASTLINE ENTERPRISES LLC

Current Principal Place of Business:

1486 THIRD STREET SOUTH
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

1486 THIRD STREET SOUTH
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 20-3758894 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEPHERD, JOHN B
1486 THIRD STREET SOUTH
JACKSONVILLE BEACH, FL 32250 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:	MGR	( ) Delete
Name:	SHEPHERD, JOHN B	
Address:	1486 THIRD STREET SOUTH	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250 US	
Title:	MGR	(X) Delete
Name:	JACKSON, CHARLES K	
Address:	1486 THIRD STREET SOUTH	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250 US	
Title:	MGR	( ) Delete
Name:	BAGBY, STEVE	
Address:	1486 THIRD STREET SOUTH	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250	

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:	

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: JOHN B SHEPHERD MGR 06/09/2006

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