

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 06, 2007 8:00 am
Secretary of State

02-13-2007 90056 015 ****50.00

30001630



1st MOORE CR2E083 (10/06)

DOCUMENT # L06000024601 1. Entity Name COASTAL ROOSEVELT II, LLC			
Principal Place of Business 28200 U.S. HIGHWAY 19 NORTH CLEARWATER FL 33761		Mailing Address 28200 U.S. HIGHWAY 19 NORTH CLEARWATER FL 33761	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 1465 Suite, Apt. #, etc.	
City & State DUNEDIN FL		4. FEI Number 83-0464456	
Zip 34697		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LESSER, JASON K 28200 U.S. HIGHWAY 19 NORTH CLEARWATER FL 33761		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <small>Signature, type or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reappointing)</small>		DATE 2/11/07	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR <input type="checkbox"/> Delete NAME LESSER, JASON K STREET ADDRESS 28200 U.S. HIGHWAY 19 NORTH CITY - ST - ZIP CLEARWATER FL 33761		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>		DATE 2/11/07 727-725-5544 <small>Daytime Phone #</small>	