

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L97000001437

1. Entity Name
INTERCOASTAL HOLDINGS, L.L.C.



Principal Place of Business
760 US HIGHWAY ONE, SUITE 206
NORTH PALM BEACH, FL 33408

Mailing Address
760 US HIGHWAY ONE, SUITE 206
NORTH PALM BEACH, FL 33408



04232004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0808614

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELANEY, DAVID C
14570 STONEHEAVEN WAY
WEST PALM BEACH, FL 33412

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

000000141505
04/30/04-80013-006 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
RIEDEN, ANTHONY M
CHARLOTTE HOUSE, CHARLOTTE ST
NASSAU, BAHAMAS,

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
FERNSHAW INVESTMENTS, LTD.
CHARLOTTE HOUSE, CHARLOTTE ST.
NASSAU, BAHAMAS,

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
O'LEARY, MARILYN R
701 ST. GILES COURT
PALM BEACH GARDENS, FL 33418

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Marilyn R. O'Leary

Member 4/26/04
561-716-0592