

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90429 014 *****55.00

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

2. Principal Place of Business

400 S. US HIGHWAY ONE
SUITE 3

3. Mailing Address

400 US HIGHWAY ONE
SUITE 3

City & State
JUPITER, FL

City & State
JUPITER, FL

Zip Country
33408 Palm Beach

Zip Country
33408 Palm Beach



1st MOORE

CR2E083 (10/04)

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 STONEHEAEN WAY
WEST PALM BEACH FL 33412

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Mark R. O'Leary

3/29/05