

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # M00000000005

1. Entity Name

COASTAL PROPERTIES, L.L.C.

00 MAY 25 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

5913 Highway 53

5913 Highway 53

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Poplarville, MS

City & State
Poplarville, MS

4. FEI Number
64-0912964

Applied For
Not Applicable

Zip Country
39470 USA

Zip Country
39470 USA

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Gerald Avery
6303 Plymouth Sorrento
Apopka, FL 32712

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Member - MGRM Delete
NAME Jennifer L. Fagan
STREET ADDRESS 5913 Highway 53
CITY-ST-ZIP Poplarville, MS 39470

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Member - MGRM Delete
NAME Suzanne Gentry
STREET ADDRESS 3930 Highway 53
CITY-ST-ZIP Poplarville, MS 39470

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jennifer L. Fagan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

03/27/00

Date

(228) 255-1141

Daytime Phone #

CR2E083 (1/199)