

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

FILED

Feb 07, 2005 08:00 AM  
Secretary of State

DOCUMENT # M02000001861

1. Entity Name

COUGHLIN ENTERPRISES, L.L.C.



Principal Place of Business

17569 PARKE LANE  
GROSSE ILE, MI 48138

Mailing Address

P.O. BOX 1548  
KEY WEST, FL 33041-1548

DO NOT WRITE IN THIS SPACE



02032005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

38-3285781

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COUGHLIN, JULIE  
1417 ASHBY ST., #1  
KEY WEST, FL 33040

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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, 2005

000000218934  
02/08/05-80007-025 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
MGR  
COUGHLIN, FRANCIS X  
STREET ADDRESS  
17569 PARKE LANE  
CITY-ST-ZIP  
GROSSE ILE, MI 48138

TITLE  
NAME  
MRG  
COUGHLIN, JULIE  
STREET ADDRESS  
1417 ASHBY ST., #1  
CITY-ST-ZIP  
KEY WEST, FL 33040

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NAME  
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CITY-ST-ZIP

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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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Julie Coughlin* JULIE COUGHLIN 2/3/05

305.296.5043