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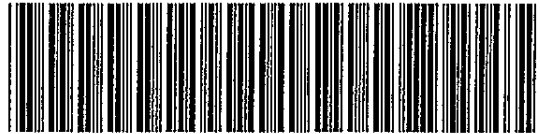
(Business Entity Name)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN NOV 15 2004



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November 5, 2004

State of Florida Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Coastal Properties, LLC, a Kentucky Limited Liability Company
Application by Foreign Limited Liability Company for Authorization to
Transact Business in Florida

Dear Sirs:

Pursuant to our representation of Coastal Properties, LLC, a Kentucky Limited Liability Company, enclosed herein are the original: (a) Transmittal Letter; (b) Application By Foreign Limited Liability Company for Authorization to Transact Business in Florida; and (c) Certificate of Designation of Registered Agent/Registered Office relative to Coastal Properties, LLC, a Kentucky Limited Liability Company. Also enclosed is the original Certificate of Existence, dated October 28, 2004 as issued by the Commonwealth of Kentucky, together with Coastal Properties, LLC's \$125.00 check representing the applicable filing fee.

If you have any questions concerning this matter, please do not hesitate to contact.

Sincerely,

Kevin R. Lottes

KRL:tmh

Enclosures

cc: Gene Maguire

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COASTAL PROPERTIES LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Gene Maguire
(Name of Person)

Maguire Associates
(Firm/Company)

1548 Pine Needles Lane
(Address)

Lexington, KY 40513
(City/State and Zip Code)

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For further information concerning this matter, please call:

Gene Maguire at (859) 229-3923
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. COASTAL PROPERTIES LLC
(Name of Foreign Limited Liability Company)
2. KENTUCKY 3. 34-1999972
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. JUNE-2004 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. AUGUST, 2004
(Date first transacted business in Florida, if prior to registration)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 1548 PINE NEEDLES LANE
LEXINGTON, KY 40513
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Gene Maguire
1548 PINE NEEDLES LANE
LEXINGTON, KY 40513

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

PROPERTY DEVELOPMENT

Gene Maguire
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Gene Maguire
Typed or printed name of signee

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

COASTAL PROPERTIES LLC

2. The name and the Florida street address of the registered agent and office are:

Kevin R. Lottes, Esq
(Name)

1395 Panther Lane, Ste 300
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Naples FL 34109
City/State/Zip

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)



Trey Grayson
Secretary of State

Certificate of Existence

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

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TALLAHASSEE, FLORIDA

COASTAL PROPERTIES, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is June 3, 2004.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 275.190 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 28th day of October, 2004.



Tn6z
Trey Grayson
Secretary of State
Commonwealth of Kentucky
BWeber/0587535 - Certificate ID: 6480