


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M04000004966</b> 1. Entity Name <b>COASTAL PROPERTIES LLC</b>	
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Principal Place of Business <b>1548 PINE NEEDLES LANE LEXINGTON, KY 40513</b>	Mailing Address <b>1548 PINE NEEDLES LANE LEXINGTON, KY 40513</b>
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**DO NOT WRITE IN THIS SPACE**



07052008 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>34-1999972</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LOTTE, KEVIN R ESQ  
1395 PANTHER LANE, STE. 300  
NAPLES, FL 34109**

**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's signature required when re-statuting) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>MGR MAGUIRE, GENE 1548 PINE NEEDLES LANE LEXINGTON, KY 40513</b>
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U00000569289  
07/11/06-80020-003 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Gene Maguire 6/6/06 (859) 121-9730  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #