


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State

02-22-2007 90277 004 ****50.00

DOCUMENT # M04000004966	
1. Entity Name COASTAL PROPERTIES LLC	

Principal Place of Business 1548 PINE NEEDLES LANE LEXINGTON KY 40513	Mailing Address 1548 PINE NEEDLES LANE LEXINGTON KY 40513
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2. Principal Place of Business - No P.O. Box # 1584 Pine Needles LA	3. Mailing Address 1584 Pine Needles LA
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State Lexington KY	City & State Lexington KY
Zip 40513	Zip 40513
Country	Country

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

6. Name and Address of Current Registered Agent LOTES, KEVIN R ESQ 1395 PANTHER LANE, STE. 300 NAPLES FL 34109		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when resubmitting) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR MAGUIRE, GENE 1548 PINE NEEDLES LANE LEXINGTON KY 40513 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 3/14/07 (859) 221-9730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #