

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

01-30-2006 90152 047 ****50.00

DOCUMENT # M05000001303 1. Entity Name COASTAL LAND PARTNERS, LLC					
Principal Place of Business 665 SIMONDS RD. WILLIAMSTOWN, MA 01267			Mailing Address 665 SIMONDS RD. WILLIAMSTOWN, MA 01267		
2. Principal Place of Business State, Apt. #, etc.			3. Mailing Address State, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-2471263	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For (No: Applicable)	
6. Name and Address of Current Registered Agent C.T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent: signature required when retreating)</small>					
Filing Fee is \$90.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM NATIONAL LAND PARTNERS, LLC 665 SIMONDS RD. WILLIAMSTOWN, MA 01267 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-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 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: <i>Paula A. McCarthy</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 1/10/06 413-458-5220 <small>Daytime Phone #</small>		

PAULA A. MCCARTHY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2006

COASTAL LAND PARTNERS, LLC
665 SIMONDS RD.
WILLIAMSTOWN, MA 01267

Subject: COASTAL LAND PARTNERS, LLC

Reference Number: M05000001303

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ

ANNUAL REPORTS SECTION