

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002041

Entity Name: COASTAL DEVELOPMENTS, LLC

FILED
Apr 17, 2006
Secretary of State

Current Principal Place of Business:

8976 WEST HIGHWAY 98
PORT ST. JOE, FL 32456

New Principal Place of Business:

697 MAIN STREET
CHIPLEY, FL 32428

Current Mailing Address:

8976 WEST HIGHWAY 98
PORT ST. JOE, FL 32456

New Mailing Address:

697 MAIN STREET
CHIPLEY, FL 32428

FEI Number: 20-2602667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BROWN, FATE
Address: 8976 WEST HIGHWAY 98
City-St-Zip: PORT ST. JOE, FL 32456

Title: MGRM () Delete
Name: BROWN, JERRY
Address: 4347 2ND AVE
City-St-Zip: MARIANNA, FL 32446

Title: MGRM () Delete
Name: BROWN, TERRY
Address: 4347 2ND AVE
City-St-Zip: MARIANNA, FL 32446

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROWN, FATE
Address: 697 MAIN STREET
City-St-Zip: CHIPLEY, FL 32428

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FATE BROWN

MGRM

04/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date