2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005
Secretary of State

DOCUMENT# M97000000523

Entity Name: COASTAL MARITIME SERVICES, LLC

Current Principal Place of Business:

5860-2 WILLIAM MILLS ST.
JACKSONVILLE, FL 32226

New Principal Place of Business:

8693 MARITIME ST
JACKSONVILLE, FL 32226

Current Mailing Address:

PO BOX 28639
JACKSONVILLE, FL 322268639

New Mailing Address:

FEI Number: 58-2293157 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINDEBACK, MAGNUS B
5860-2 WILLIAM MILLS ST.
JACKSONVILLE, FL 32226 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/MEMBERS:

Title: MGRM ( ) Delete
Name: LINDEBACK, MAGNUS B
Address: 5860-2 WILLIAM MILLS ST.
City-St-Zip: JACKSONVILLE, FL 32226

Title: MGR ( ) Delete
Name: WILEY, KATHLEEN E
Address: 5860-2 WILLIAM MILLS ST.
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LINDEBACK, MAGNUS B
Address: 8693 MARITIME ST
City-St-Zip: JACKSONVILLE, FL 32226

Title: MGR (X) Change ( ) Addition
Name: WILEY, KATHLEEN E
Address: 8693 MARITIME ST
City-St-Zip: JACKSONVILLE, FL 32226

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MAGNUS B LINDEBACK MGRM 04/04/2005

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