2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000055394

Entity Name
 SOUTH COASTAL PROPERTIES, INC.



FILED
May 01, 2006 08:00 Al
Secretary of State

Ouvlane Physie #

Principal Place of Business

SIGNATURE:

C/O ARTHUR T. TENENBAUM & CO. 915 MIDDLE RIVER DR., SUITE 500 FORT LAUDERDALE, FL 33304 US Mailing Address

C/O ARTHUR T. TENENBAUM & CO 915 MIDDLE RIVER DR., SUITE 500 FT LAUDERDALE, FL 33304 US



					SE (BSBE 1555 EEGS BEIG EEII	4 E 4 (1 E 1 E	4.8 8114 (4.8) 614	: : (4 :
-	O NOT WOITE II	~ -	04252006 No Chg-P CR2E034 (11/05)					
L	O NOT WRITE II	JE.	4. FEI Numb 65-042		-	F- + `	plied For L'Applicable	
			5. Certificate	e of Status Desired		\$8.75 Add Fee Required		
	6. Name and Address of Current Regis							
915 MIDDI SUITE 500	IUR T. TENENBAUM & CO LE RIVER DR) ERDALE, FL 33304	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								
опредили, прос от изглед пате се година од веренда в веренда от се под постор под под предила веренда од под под под под под под под под под								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution				.00 May Be ed to Fees				
10.	OFFICERS AND DIREC	CTORS						
TITLE	Р							
NAME	WILLIAMS, PRUDENCE A %AR 915 MIDDLE RIVER DR #500				000000 -05/17/06	557533		
STREET ADDRESS CITY-ST-ZIP	FT. LAUDERDALE, FL				05/17/06-	80054-	003 15).00
TRILE								
NAME								
STREET ADDRESS								
CITY+ST-ZIP								
TITLE								
NAME STREET ADDRESS							-	
CITY-ST-ZIP				DO	NOT W	RITE		
TITLE		· · · · · · · · · · · · · · · · · · ·		IKI "	THIS SF	A () E	-	
NAME				11/4	1 1119 9L	AUE		
STREET ADDRESS								
CITY-ST ZIP								
TITLE								
NAME								
STREET ADDRESS CITY-ST-ZIP								
TITLE								
NAME								
STREET ADDRESS								
CITY-ST-ZIP								
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. If turther certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.								