

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90302 021 \*\*\*\*50.00

<b>DOCUMENT # L04000026924</b> 1. Entity Name <b>COASTAL HOMEBUILDERS AT FONTAINEBLEAU, LLC</b>					
Principal Place of Business <b>2929 SW 3RD AVE. SUITE #612 MIAMI FL 33129</b>			Mailing Address <b>2929 SW 3RD AVE. SUITE #612 MIAMI FL 33129</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-1137585</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROMERO, JORGE 2450 SW 137 AVENUE, SUITE 226 MIAMI FL 33175</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR ROMERO BUILDERS, LLC 2450 SW 137 AVENUE, SUITE 226 MIAMI FL 33175	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR PAPU, SAMUEL 2450 SW 137 AVENUE, SUITE 226 MIAMI FL 33175	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u><i>SAMUEL PAPU</i></u> <b>3/2/07</b> <b>(305) 856 4939</b> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

ATTACHMENT



30001919  
#604000026924

NOVEMBER 2006

## WE HAVE MOVED

AS OF NOVEMBER 1, 2006 WE HAVE MOVED OUR OFFICE LOCATION TO:

\*\*\*\*\* 2929 SW 3<sup>RD</sup> AVENUE \*\*\*\*\*  
\*\*\*\*\* Suite # 612 \*\*\*\*\*  
\*\*\*\*\* MIAMI, FL 33129. \*\*\*\*\*

OUR NEW TELEPHONE NUMBERS ARE:

(305) 856-4939 OFFICE  
(305) 856-2812 FAX

PLEASE SEND ALL MAIL AND INVOICES TO OUR NEW P.O. BOX:

MIRACLE WEST DEV.  
COASTAL HOMEBUILDERS  
P.O. BOX 630486  
MIAMI, FL 33163

\*\*\*\*\* PLEASE UPDATE YOUR FILES. \*\*\*\*\*

