2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000026924 Jan 27, 2008 8:00 A.M. COASTAL HOMEBUILDERS AT FONTAINEBLEAU, LLC **Secretary of State** Mailing Address Principal Place of Business 2929 SW 3RD AVE. 2929 SW 3RD AVE. **SUITE #612 SUITE #612** MIAMI, FL 33129 MIAMI, FL 33129 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite. Apt. #. etc. Suite, Apt. #, etc. 01062008 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State 20-1137585 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROMERO, JORGE Street Address (P.O. Box Number is Not Acceptable) 2450 SW 137 AVENUE, SUITE 226 MIAMI, FL 33175 Zip Code City 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 SIGNATURE Signature, typed or printed name of registered agent and trife if applicable FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ROMERO BUELORAS LLC XIC 2929 SW3 Are. Ste 612 MGR TITLE TITLE Detete ROMERO BUILDERS, LLC NAME NAME 2450 SW 137 AVENUE, SUITE 226 STREET ADDRESS STREET ADDRESS MIAMI, PE 33129 MIAMI, FL 33175 CITY-ST-ZIP CITY-ST-ZIP MGR PAPU SAMUEL 2929 SW 3 Are Ste. 612 Change TITLE ☐ Delete TITLE ☐ Addition PAPU, SAMUEL NAME NAME 2450 SW 137 AVENUE, SUITE 226 STREET ADDRESS STREET ADDRESS MIAMI, FL 33175 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- \$1,78P ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP 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: ATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE