
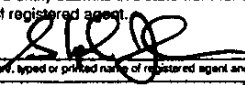



**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90374 038 \*\*\*\*55.00

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # L06000001308</b>			
1. Entity Name COASTAL PALMS, LLC			
Principal Place of Business 6700 N. ANDREWS AVENUE, SUITE 300 FORT LAUDERDALE, FL 33309		Mailing Address 6700 N. ANDREWS AVENUE, SUITE 300 FORT LAUDERDALE, FL 33309	
2. Principal Place of Business - No P.O. Bx #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
209 N Birch Road		Apt 1101	
Ft Lauderdale FL		FL	
33304		WA	
04302007		Chg-LLC	
CR2E083 (12/06)		Applied For	
4. FEI Number		Not Applicable	
20-4045768		5. Certificate of Status Desired	
<input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
M & W AGENTS, INC. 2101 CORPORATE BLVD., SUITE 107 BOCA RATON, FL 33431		Name Stephen JACKMAN	
		Street Address (P.O. Box Number is Not Acceptable) 209 N Birch Road	
		Apt 1101	
		City Ft Lauderdale	
		FL	
		Zip Code 33304	
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 		Stephen JACKMAN	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reappointing)	
		DATE 4/30/2007	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACKMAN, M. STEPHEN 6700 N. ANDREWS AVENUE, SUITE 300 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Stephen JACKMAN	
Signature, typed or printed name of signing managing member, manager, or authorized representative		Date	
		954-267-8600	
		Daytime Phone #	

60049163

