


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L06000001308	
1. Entity Name COASTAL PALMS, LLC	

Principal Place of Business 6700 N. ANDREWS AVENUE, SUITE 300 FORT LAUDERDALE, FL 33309	Mailing Address 209 N BIRCH RD APT 1101 FORT LAUDERDALE, FL 33304
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DO NOT WRITE IN THIS SPACE



03222008 No Chg-LLC CR2E083 (12/07)

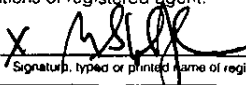
4. FEI Number 20-4045768	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

JACKMAN, STEPHEN  
 209 N BIRCH RD APT 1101  
 FORT LAUDERDALE, FL 33304

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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 X  DATE X 3/28/2008

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000876350  
 04/11/08-80024-028 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACKMAN, M. STEPHEN 6700 N. ANDREWS AVENUE, SUITE 300 FORT LAUDERDALE, FL 33309
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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: X  DATE X 3/28/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE