


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L06000027575</b> 1. Entity Name <b>COASTAL HOMEBUILDERS AT KEY BISCAYNE, LLC</b>	
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Principal Place of Business <b>2929 SW 3RD AVE. SUITE #612</b> <b>MIAMI, FL 33129 US</b>	Mailing Address <b>2929 SW 3RD AVE. SUITE #612</b> <b>MIAMI, FL 33129 US</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip      Country	City & State Zip      Country
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08 JAN 17 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01062008    Chg-LLC    CR2E083 (12/06)

4. FEI Number <b>20-4522918</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  <b>ROMERO, JORGE</b> <b>2450 SW 137 AVENUE</b> <b>226</b> <b>MIAMI, FL 33175</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR	TITLE	MGR
NAME	ROMERO BUILDERS, LLC <input type="checkbox"/> Delete	NAME	ROMERO BUILDERS, LLC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2450 SW 137 AVENUE, #228	STREET ADDRESS	2929 SW 3 AVE. STE 612
CITY - ST - ZIP	MIAMI, FL 33175	CITY - ST - ZIP	MIAMI, FL 33129
TITLE	MGR	TITLE	MGR
NAME	PAPU, SAMUEL <input type="checkbox"/> Delete	NAME	PAPU, SAMUEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2450 SW 137 AVENUE, #228	STREET ADDRESS	2929 SW 3 AVE. STE 612
CITY - ST - ZIP	MIAMI, FL 33175	CITY - ST - ZIP	MIAMI, FL 33129
TITLE		TITLE	
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME	<input type="checkbox"/> Delete	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:** \_\_\_\_\_ *Jan 8/08* (305) 856 4939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #