

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000107887

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Entity Name:** COLEMAN COASTAL PROPERTIES, LLC

**Current Principal Place of Business:**

34 SUMMER WIND TRAIL  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

34 SUMMER WIND TRAIL  
SANTA ROSA BEACH, FL 32459 US

**New Mailing Address:**

**FEI Number:** 45-3363208      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLEMAN, AMY  
34 SUMMER WIND TRAIL  
SANTA ROSA BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** COLEMAN, AMY  
**Address:** 34 SUMMER WIND TRAIL  
**City-St-Zip:** SANTA ROSA BEACH, FL 32459 US

**Title:** MGRM  
**Name:** COLEMAN, JOHN D  
**Address:** 34 SUMMER WIND TRAIL  
**City-St-Zip:** SANTA ROSA BEACH, FL 32459 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: AMY COLEMAN

MGRM

03/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date