·2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Mar 06, 2006 8:00 am Secretary of State **DOCUMENT # L05000098170** 1. Entity Name 02-13-2006 90194 026 ****50.00 COASTAL HOMEBUILDERS AT CHADUSTRY, LLC. Principal Place of Business Mailing Address 2450 SW 137 AVENUE 2450 SW 137 AVENUE 226 MIAMI FL 33175 MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number. Applied For Not Applicable Country 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 226 **MIAMI FL 33175** City Zip Code 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. Lam familiar with, and accept SIGNATURE September, typind or invaled staine of represent agent and little 2 aponcume. (NOTE Repricted Agent signature required when remissions) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE MGR TITLE ☐ Delete ☐ Change ☐ Addition NAME ROMERO BUILDERS, LLC. NAME STREET ADDRESS 2450 SW 137 AVENUE STREET ADDRESS CITY-ST-ZW MIAMI FL 33175 CIFY-ST-ZIP TITLE MGR Oelete IITE ☐ Change ☐ Addition PAPU, SAMUEL NAME STREET ADDRESS 2450 SW 137 AVENUE STREET ADDRESS CITY - S1-ZIP MIAMI FL 33175 CITY-ST-ZIP TITLE Delete TiTLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Colete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP nne ☐ Detete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE Delete MILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 trucke empowered to execute this report as required by Chapter 608, Florida Statutes. 1/30/06

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

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2006

COASTAL HOMEBUILDERS AT CHADUSTRY, LLC. 2450 SW 137 AVENUE 226 MIAMI, FL 33175 US

Subject: COASTAL HOMEBUILDERS AT CHADUSTRY, LLC.

Reference Number:

L05000098170

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH ANNUAL REPORTS SECTION