


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000098170 1. Entity Name COASTAL HOMEBUILDERS AT CHADUSTRY, LLC.						FILED 08 JAN 17 AM 10:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2929 SW 3RD AVE. SUITE #612 MIAMI, FL 33129 US				Mailing Address 2929 SW 3RD AVE. SUITE #612 MIAMI, FL 33129 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number 20-3660679				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ROMERO, JORGE 2450 SW 137 AVENUE 226 MIAMI, FL 33175				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROMERO BUILDERS, LLC. 2450 SW 137 AVENUE MIAMI, FL 33175			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROMERO BUILDERS LLC 2929 SW 3 Ave Ste 612 MIAMI, FL 33129		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PAPU, SAMUEL 2450 SW 137 AVENUE MIAMI, FL 33175			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PAPU, SAMUEL 2929 SW 3 Ave Ste 612 MIAMI, FL 33129		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: Jan 8/08 (305) 8564939 <small>Daytime Phone #</small>			