2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000027575 FILED COASTAL HOMEBUILDERS AT KEY BISCAYNE, LLC 08 JAN 17 AM 10: 21 Principal Place of Business Mailing Address SECRETARY OF STATE 2929 SW 3RD AVE. SUITE #612 2929 SW 3RD AVE. SUITE #612 MIAMI, FL 33129 US MIAMI, FL 33129 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-4522918 Not Applicable Zip Country Country Zip \$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. I am familiar with, and accept the obligations of registered agent SIGNATURE 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 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR MGR ROMERO BUZLOERS, LIC X 2929 SW 3 Are Ste 612 MIGMI, FL 33129 TITI F Delete TITLE Change ☐ Addition ROMERO BUILDERS, LLC NAME NAME STREET ADDRESS 2450 SW 137 AVENUE, #226 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE Change pu smull 29'SW3 Fre Ste riz. ☐ Addition PAPU. SAMUEL NAME MARAF STREET ADDRESS 2450 SW 137 AVENUE, #226 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME 200115337402 UI/1//U8--UIU01--010 **1132.50 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with the filling 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 trustiff empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: TURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE