


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90137 005 \*\*\*138.75

<b>DOCUMENT # L07000030537</b>	
1. Entity Name <b>COASTAL SANDS LLC</b>	

Principal Place of Business <b>304 PONCE DE LEON AVE. SUITE 900 SAN JUAN PUERTO RICO,</b>	Mailing Address <b>304 PONCE DE LEON AVE. SUITE 900 SAN JUAN PUERTO RICO,</b>
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2. Principal Place of Business - No P.O. Box # <b>641 OCEAN BLVD</b>	3. Mailing Address <b>P.O. BOX 13345</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>GOLDEN BEACH, FL</b>	City & State <b>San Juan, Puerto Rico</b>
Zip <b>33160</b>	Zip <b>00908-3345</b>
Country <b>USA</b>	Country <b>USA</b>

04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-8684924</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MARIA-CRISTINA DEL-VALLE, P.A. 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134</b>	
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7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

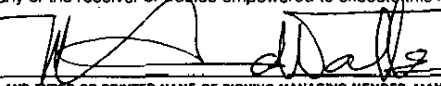
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARTIN MORALES, ENRIQUE <b>304 PONCE DE LEON AVE. SUITE 900 SAN JUAN PUERTO RICO,</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARTIN MORALES, ENRIQUE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>40 MARIA-CRISTINA DEL-VALLE, P.A. 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134</b>
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: 	Date <b>4/1/08</b>	Daytime Phone # <b>(305) 357-1001 x 271</b>
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*MCRISTINA DEL VALLE authorized representative*