

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036500

FILED
May 01, 2009
Secretary of State

Entity Name: COASTLINE LAND INVESTMENTS, LLC

Current Principal Place of Business:

720 ORIOLE AVE.
MIAMI SPRINGS, FL 33166

New Principal Place of Business:

Current Mailing Address:

15476 NW 77TH CT., #320
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 41-2174347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FLORES, LUIS O
720 ORIOLE AVE.
MIAMI SPRINGS, FL 33166 US

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 () Delete
Name: FLORES, LUIS O
Address: 19118 BOB O LINK DR.
City-St-Zip: MIAMI, FL 33015

Title: MGRM () Delete
Name: FLORES, CARLOS M
Address: 19118 BOB O LINK DR.
City-St-Zip: MIAMI, FL 33015

Title: MGRM () Delete
Name: FLORES, LUIS
Address: 15150 NW 79TH CT., SUITE 195
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LUIS FLORES

MGR

05/01/2009

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