I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered. 04/17/2013

SIGNATURE: AMY D. COLEMAN

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L11000107887 Entity Name: COLEMAN COASTAL PROPERTIES, LLC

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

34 SUMMER WIND TRAIL SANTA ROSA BEACH. FL 32459

Current Mailing Address:

34 SUMMER WIND TRAIL SANTA ROSA BEACH. FL 32459 US

FEI Number: 45-3363208

Name and Address of Current Registered Agent:

COLEMAN, AMY 34 SUMMER WIND TRAIL SANTA ROSA BEACH, FL 32459 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:

Aut

Title	MGRM	Title	MGRM
Name	COLEMAN, AMY	Name	COLEMAN, JOHN D
Address	34 SUMMER WIND TRAIL	Address	34 SUMMER WIND TRAIL
City-State-Zip:	SANTA ROSA BEACH FL 32459	City-State-Zip:	SANTA ROSA BEACH FL 32459

	Electronic Signature of Registered Agent			Date
thorized Person(s) Detail :				
e	MGRM	Title	MGRM	
ne	COLEMAN, AMY	Name	COLEMAN, JOHN D	
dress	34 SUMMER WIND TRAIL	Address	34 SUMMER WIND TRAIL	

Certificate of Status Desired: No

Date

MANAGING MEMBER