

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 17, 2007 8:00 am
Secretary of State

04-23-2007 90364 011 ****50.00

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1st MOORE CR2E083 (10/06)

DOCUMENT # L00000005728 1. Entity Name COASTAL ATLANTIC COMMERCIAL PROPERTIES, GROUP I, LLC					
Principal Place of Business 2825 LEWIS SPEEDWAY SUITE 104 ST. AUGUSTINE FL 32084			Mailing Address 2825 LEWIS SPEEDWAY SUITE 104 ST. AUGUSTINE FL 32084		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3665377	
Zip		Country		Applied For ☐ Not Applicable	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, C. KELLY 2825 LEWIS SPEEDWAY SUITE 104 SAINT AUGUSTINE FL 32084				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 <i>C. Kelly Smith</i> Signature, typed or printed name of registered agent and title if applicable. <i>Managing Member</i> (NOTE: Registered Agent signature required when substituting) 4-11-07 DATE					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR HEFFERON, MICHAEL J 2825 LEWIS SPEEDWAY SUITE 104 ST AUGUSTINE FL 3028	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SMITH, C. KELLY 2825 LEWIS SPEEDWAY SUITE 104 SAINT AUGUSTINE FL 32084	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>C. Kelly Smith</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			5/14/07 Date 808-9977 Daytime Phone #		