


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 10, 2008 8:00 am
Secretary of State

09-10-2008 90031 023 ***138.75

DOCUMENT # L00000005728 1. Entity Name COASTAL ATLANTIC COMMERCIAL PROPERTIES, GROUP I, LLC			
Principal Place of Business 4425 US 1 SOUTH, STE. 101 ST. AUGUSTINE, FL 32086		Mailing Address 4425 US 1 SOUTH, STE. 101 ST. AUGUSTINE, FL 32086	
2. Principal Place of Business - No P.O. Box # 2801 Coastal Hwy. Suite, Apt. #, etc.		3. Mailing Address 2801 Coastal Hwy. Suite, Apt. #, etc.	
City & State St. Augustine, FL Zip 32084 Country USA		City & State St. Augustine, FL Zip 32084 Country USA	
4. FEI Number 59-3665377		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	
NAME	HEFFERON, MICHAEL J	NAME	
STREET ADDRESS	2825 LEWIS SPEEDWAY SUITE 104	STREET ADDRESS	
CITY - ST - ZIP	ST AUGUSTINE, FL 32088	CITY - ST - ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	
NAME	SMITH, C. KELLY	NAME	
STREET ADDRESS	2825 LEWIS SPEEDWAY SUITE 104	STREET ADDRESS	
CITY - ST - ZIP	SAINT AUGUSTINE, FL 32084	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
10. ADDITIONS/CHANGES			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<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: <i>M. Hefferon</i>		Date 9/4/08 Daytime Phone # 904-808-9977	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			