

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

09-10-2008 90031 022 \*\*\*138.75

<b>DOCUMENT # L00000005760</b> 1. Entity Name <b>COASTAL ATLANTIC HOMES, GROUP II, LLC</b>			
Principal Place of Business <b>4425 US 1 SOUTH, STE. 101 ST. AUGUSTINE, FL 32086</b>		Mailing Address <b>4425 US 1 SOUTH, STE. 101 ST. AUGUSTINE, FL 32086</b>	
2. Principal Place of Business - No P.O. Box # <b>2801 COASTAL HWY.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2801 COASTAL HWY.</b> Suite, Apt. #, etc.	
City & State <b>ST. AUGUSTINE, FL</b> Zip <b>32084</b> Country <b>USA</b>		City & State <b>ST. AUGUSTINE, FL</b> Zip <b>32084</b> Country <b>USA</b>	
4. FEI Number <b>59-3665375</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>SMITH, C. KELLY 2825 LEWIS SPEEDWAY SUITE 104 SAINT AUGUSTINE, FL 32084</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____			
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HEFFERON, MICHAEL J 2825 LEWIS SPEEDWAY SUITE 104 SAINT AUGUSTINE, FL 32084</b> <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	<b>MGR SMITH, C. KELLY 2825 LEWIS SPEEDWAY SUITE 104 ST. AUGUSTINE, FL 32084</b> <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
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
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.			
<b>SIGNATURE:</b>		Date <b>9-4-08</b> Daytime Phone # <b>904-581-9977</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			