2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jun 04, 2008
Secretary of State

DOCUMENT# L00000008290

Entity Name: INTRACOASTAL ASSOCIATES, LLC

Current Principal Place of Business:

3030 HARTLEY ROAD
SUITE 300
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

3030 HARTLEY ROAD
SUITE 300
JACKSONVILLE, FL 32257 US

New Mailing Address:

FEI Number: 59-3658084 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWTON, CLIFFORD B
10192 SAN JOSE BLVD
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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:	HUTSON, NANCY A	
Address:	3030 HARTLEY ROAD, SUITE 300	
City-St-Zip:	JACKSONVILLE, FL 32257 US	
Title:	MGRM	( ) Delete
Name:	WILSON, ERIK H	
Address:	3030 HARTLEY ROAD STE 300	
City-St-Zip:	JACKSONVILLE, FL 32257 US	
Title:	MGR	( ) Delete
Name:	HUTSON, DAVID W	
Address:	3030 HARTLEY ROAD, SUITE 300	
City-St-Zip:	JACKSONVILLE, FL 32257 US	
Title:	MGRM	( ) Delete
Name:	COX, ELINORE C	
Address:	3030 HARTLEY ROAD, SUITE 300	
City-St-Zip:	JACKSONVILLE, FL 32257 US	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	HUTSON, TRAVIS J VPRES	
Address:	3030 HARTLEY ROAD STE 300	
City-St-Zip:	JACKSONVILLE, FL 32257 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V/P	( ) Change (X) Addition
Name:	BENNETT, RACHAEL L V/P	
Address:	3030 HARTLEY ROAD, SUITE 300	
City-St-Zip:	JACKSONVILLE, FL 32257 US	

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: ELINORE C. COX S/T 06/04/2008

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