# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 18, 2009**
**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: | HUTSON, TRAVIS J VPRES | |
| 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: | V/P | (X) Delete |
| Name: | BENNETT, RACHAEL L V/P | |
| Address: | 3030 HARTLEY ROAD, SUITE 300 | |
| City-St-Zip: | JACKSONVILLE, FL 32257 US | |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

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 MGRM 03/18/2009

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