

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000008290

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**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  
**Name:** HUTSON, NANCY A V/P  
**Address:** 3030 HARTLEY ROAD, SUITE 300  
**City-St-Zip:** JACKSONVILLE, FL 32257 US

**Title:** MGRM  
**Name:** HUTSON, TRAVIS J SECT  
**Address:** 3030 HARTLEY ROAD STE 300  
**City-St-Zip:** JACKSONVILLE, FL 32257 US

**Title:** MGR  
**Name:** HUTSON, DAVID W PRES  
**Address:** 3030 HARTLEY ROAD, SUITE 300  
**City-St-Zip:** JACKSONVILLE, FL 32257 US

**Title:** MGRM  
**Name:** BENNETT, PRISCILLA L V/P  
**Address:** 3030 HARTLEY ROAD, SUITE 300  
**City-St-Zip:** JACKSONVILLE, FL 32257 US

I hereby 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:** NANCY A HUTSON

V/P

02/17/2010

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