2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000014972 FILED 1. Entity Name COIN INVESTMENTS, LLC 08 30 MA | 1 MUL 80 SECKLIARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1710 TENNESSEE AVE. 1710 TENNESSEE AVE. STE 200 STE 200 LYNN HAVEN, FL 32444 LYNN HAVEN, FL 32444 CR2E083 (12/07) 06092008 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3708659 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent TILLMAN, JEFF DO NOT WRITE 1710 TENNESSEE AVE. STE 200 LYNN HAVEN, FL 32444 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. 9. MANAGING MEMBERS/MANAGERS MGRM TITLE TILLMAN, JEFF NAME STREET ADDRESS 1710 TENNESSEE AVE. STE 200 CITY-ST-ZIP LYNN HAVEN, FL 32444 000131629380 06/24/08--01033--010 **288.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS

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

SIGNATURE AND PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

6-9-08

850-265-1158

Daytime Phone #