

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015359

Entity Name: COAST PALM BAY,P.L.

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

145 PALM BAY ROAD NW
SUITE # 104
WEST MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

2502 N ROCKY POINT DRIVE
#1000
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-3735398 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUIE, PATRICIA
2502 ROCKY POINT DRIVE, SUITE 1000
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

HUIE, PATRICIA
2502 ROCKY POINT DRIVE N.
1000
TAMPA, FL 33607 US

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

04/17/2009

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COAST FLORIDA, P.A.
Address: 2502 N ROCKY POINT DR.
City-St-Zip: TAMPA, FL 33607

Title: MGRM () Delete
Name: WIESKOPF, MARK DDS
Address: 2502 N ROCKY POINT DR 1000
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COAST FLORIDA, P.A.
Address: 2502 N ROCKY POINT DR. N. SUITE 1000
City-St-Zip: TAMPA, FL 33607

Title: MGRM (X) Change () Addition
Name: WIESKOPF, MARK DDS
Address: 2502 N ROCKY POINT DR N. SUITE 1000
City-St-Zip: TAMPA, FL 33607

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: PATRICIA HUIE

ESQ

04/17/2009

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