

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90330 019 ****50.00

DOCUMENT # L02000009044

1. Entity Name
COASTAL INVESTMENTS, LLC



Principal Place of Business
**46 16TH STREET
APALACHICOLA, FL 32320**

Mailing Address
**PO BOX 789
APALACHICOLA, FL 32329**

2. Principal Place of Business - No P.O. Box #
219 AVENUE E

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APALACHICOLA

City & State

4. FEI Number

02-0586821

Applied For

Not Applicable

Zip

Country

32320

Zip

Country

04192007

Chg-LLC

CR2E083 (12/06)

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FRIEDMAN, MARK W CPA
48 AVE. D
APALACHICOLA, FL 32320**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

219 AVENUE E

City

APALACHICOLA

FL

Zip Code

32320

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 the obligations of registered agent.

SIGNATURE

Mark Friedman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-19-07

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete
NAME **FRIEDMAN, MARK W**
STREET ADDRESS **46 16TH ST**
CITY-ST-ZIP **APALACHICOLA, FL 32320**

TITLE **MGRM** ☐ Delete
NAME **FRIEDMAN, HEATHER**
STREET ADDRESS **46 16TH ST**
CITY-ST-ZIP **APALACHICOLA, FL 32320**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **127 DEER PATCH LN**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **127 DEER PATCH LN**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Mark Friedman

4-19-07

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

Date

Daytime Phone #