2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name		044	1	THE	ł	ا ۲ ا	LLU OF ST	CATE					
COASȚAL I rincipal Place o 19 AVE E PALACHICOLA,	INVESTMENTS, LLC			DOCUMENT # L02000009044					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				
rincipal Place o 19 AVE E PALACHICOLA,	INVESTMENTS, LEC	1. Entity Name COASTAL INVESTMENTS, LLC				DIVISION OF	CORPOR	ALIONS					
19 ave e Palachicola,		ي			7	- YAM 80	7 AM	9: 10					
19 ave e Palachicola,		. •		100		08 FIR 1	1 1011						
PALACHICOLA,	of Business	Mailing Address											
	EI 22220	PO BOX 789 Apalachicola, Fl. 32	2220										
Principal Plac	, FL 32320	AFALAGRIGULA, FL 32	2329										
- Principal Plac		T & M-72- Add											
46-1	3. Mailing Address												
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			- 04212008 Chg-LLC CR2E083 (12/06)								
		ļ					CRZEG						
Olly & State	ACHICAA FL	City & State			4. FEI Numi 02-058				plied For t Applicable				
Zip Country		Zip	ry	 	e of Status Desired	\$5.00 AddWood							
	16560 9		<u>l</u> ,					Fee Require	d				
(MA)	6. Name and Address of Current	Registered Agent		Name, //	/. Name an	d Address of New F	legistered A	- gent					
•	MARK W CPA		-	VYA	PK U	I, FRIC	5my	لتها					
19 AVE E PALACHIC	OLA, FL 32320			Street Address	(P.O. Box Numi	ber is Not Acceptable	e) 						
1743101110	02020			410	-16011	+ 507							
			ļ	City C		ETCOLA	FL	Zip Cod	2 7 - 4				
The shove on	arned entity submits this statement for	r the purpose of changing its	ragistara	d office or recipt				<u> </u>	- 520				
the obligation	ns of registered agent.					,			ш. а сосор.				
GNATURE													
Sig.	gnature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered	Agent signature requir	ed when reinstating)	T"	DATE						
After May 1	NOW!!! FEE IS \$138.75 I, 2008 Fee will be \$538.75	,					te check pa a Departmo	ayable to ent of State	•				
	MANAGING MEMBE		10.			ADDITIONS	/CHANGES						
_	MGRM FRIEDMAN, MARK W	☐ Delete	TITLE NAME					☐ Change	☐ Addition				
	127 DEER PATH LN			T ADORESS									
	APALACHICOLA, FL 32320		CITY-	ST-ZIP									
1	MGRM FRIEDMAN, HEATHER	☐ Delete	TITLE					☐ Change	☐ Addition				
	127 DEER PATCH LN		NAME STREE	T ADDRESS									
Y-ST-ZIP A	APALACHICOLA, FL 32320			ST-ZIP									
LE		☐ Delete	TITLE	-				☐ Change	Addition				
ME DEET 40000000			NAME	ſ	<u>. 5</u>	001294 4/0801024	1538	355					
reet address Ty+St+Zip				T ADORESS ST-ZIP	05/1	4/0801024	024	**488 .	75				
LE		☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·			☐ Change	Addition				
ME		La Boloto	NAME										
REET ADDRESS				T ADDRESS									
Y-ST-ZIP		——————————————————————————————————————		ST-ZIP									
'LE		☐ Delete	TITLE NAME					☐ Change	☐ Addition				
ME				T ADDRESS									
			CITY-	ST-ZIP									
REET ADDRESS		Delete	ШЕ					☐ Change	Addition				
REET ADDRESS TY-ST-ZIP LE			NAME	T ADDRESS									
ME REET ADDRESS IY-ST-ZIP TLE ME REET ADDRESS			a sinkt	i nouncoo									
REET ADDRESS IY-ST-ZIP TLE IME REET ADDRESS			CITY-	ST-ZIP									
REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP	tify that the information supplied with	this filing does not qualify for	r the exen	notions containe	d in Chapter 119	, Florida Statutes, I fi	urther certify	that the info	rmation				
REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP I. I hereby cert indicated on	tify that the information supplied with a this report is true and accurate and ity company or the receiver or frustee	that my signature shall have	r the exen the same	nptions contained legal effect as if	made under oat	h; that I am a manag	urther certify ging membe	that the info r or manage	rmation r of the				
REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP . I hereby cert indicated on	tify that the information supplied with a this report is true and accurate and ity company or the receiver or trustee	that my signature shall have	r the exen the same	nptions contained legal effect as if	made under oat pter 608, Florida	h; that I am a manag Statutes.	urther certify ging membe	that the info er or manage	rmation r of the				
REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP L hereby cert indicated on	n this report is true and accurate and ity company or the receiver or trustee	that my signature shall have	r the exen the same	nptions contained legal effect as if	made under oat pter 608, Florida	h; that I am a manag	urther certify ging membe	that the info r or manage	rmation r of the				