


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000009044		
1. Entity Name COASTAL INVESTMENTS, LLC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -7 AM 9:10

Principal Place of Business 219 AVE E APALACHICOLA, FL 32320	Mailing Address PO BOX 789 APALACHICOLA, FL 32329
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2. Principal Place of Business - No P.O. Box # 46-16TH ST.	3. Mailing Address Suite, Apt. #, etc.
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04212008 Chg-LLC CR2E083 (12/06)

City & State APALACHICOLA, FL	City & State	4. FEI Number 02-0586821	Applied For Not Applicable
Zip 32320	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FRIEDMAN, MARK W CPA 219 AVE E APALACHICOLA, FL 32320		7. Name and Address of New Registered Agent Name: MARK W. FRIEDMAN Street Address (P.O. Box Number is Not Acceptable) 46-16TH ST City: APALACHICOLA FL Zip Code: 32320	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRIEDMAN, MARK W 127 DEER PATH LN APALACHICOLA, FL 32320 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRIEDMAN, HEATHER 127 DEER PATCH LN APALACHICOLA, FL 32320 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 W. Friedman

4-21-08

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

Date

Daytime Phone #

5/7/08