## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L02000014742**

1. Entity Name

KOASTAL INVESTMENTS LLC



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

400 FLAGSHIP DRIVE, UNIT 701 C/O JUDITH TAYLOR NAPLES, FL 34108

KOZAK, DENNIS ESQ.

NAPLES, FL 34108

400 FLAGSHIP DRIVE, UNIT 701

Mailing Address

400 FLAGSHIP DRIVE, UNIT 701 C/O JUDITH TAYLOR NAPLES, FL 34108



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04212008 No Chg-LLC CR

CR2E083 (12/07)

4. FEI Number 81-0560489 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE

DO NOT WRITE 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 the obligations of registered agent. |                           |              |   |
|---|---------------------------|--------------|---|
| SIGNATURE  Signature, typed or printed name of registered agent and tate if applicable. (NOTE: Registered Agent signature required when renatating)  DATE   |                           |              |   |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75   |                           |              |   |
| 9.  | MANAGING MEMBERS/MANAGERS |              |   |
| TITLE   | MGRM '                    |              |   |
| NAME  | TAYLOR, JUDITH            | · ·          |   |
| STREET ADDRESS  | 4188 COMMODORE DRIVE      |              |   |
| CITY-ST-ZIP   | ERIE, PA 16505            |              |   |
| TITLE   |                           |              | სიიტტიტილული<br>-                         |
| NAME  |                           |              | U00000925752<br>05/20/08-80040-009 138.75 |
| STREET ADDRESS  |                           |              | U5/ZU/U8-8UU4U-UU3 135.75                 |
| CITY-ST-ZIP   |                           |              |   |
| TITLE   |                           | <del> </del> |   |
| NAME  |                           |              |   |
| STREET ADDRESS  |                           | l            |   |
| CITY-ST-ZIP   |                           | I DO         | NOT WRITE                                 |
| TITLE   |                           |              |   |
| NAME  |                           | I IN         | THIS SPACE                                |
| STREET ADDRESS  |                           |              |   |
| CITY-ST-ZIP   |                           | •            |   |
|   |                           | <del></del>  |   |
| TITLE   |                           |              |   |
| NAME  |                           |              |   |
| STREET ADDRESS  |                           |              |   |
| CITY-ST-ZIP   |                           |              |   |
| TITLE   |                           |              | •   |
|   |                           |              | į   |

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

STREET ADORESS CITY-ST-7IP

O OR PRINTED NAME OF STORING MANAGING MEMBER, OR AUTHORIZED REPRESENTAT

7-21-08

14-828-427