# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 10, 2006 8:00 am**
**Secretary of State**
03-10-2006 90132 005 ****50.00

DOCUMENT # L02000031580

1. Entity Name
COASTAL CONSTRUCTION SERVICES, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 790 N.W. 107TH AVENUE, SUITE 308<br>MIAMI, FL 33172 | 790 N.W. 107TH AVENUE, SUITE 308<br>MIAMI, FL 33172 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 5959 Blue ~~Lagoon~~ Layton Dr. | 5959 Blue Lagoon Dr. |
| Suite, Apt. #, etc.<br>Ste. 200 | Suite, Apt. #, etc.<br>Ste. 200 |
| City & State<br>Miami, FL | City & State<br>Miami, FL |
| Zip / Country<br>33126 / U.S.A. | Zip / Country<br>33126 / U.S.A. |

01242006 Chg-LLC CR2E083 (11/05)

4. FEI Number
03-0505386
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2006**

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

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>COASTAL CONSTRUCTION OF SOUTH FLORIDA, INC<br>~~790 N.W. 107TH AVENUE, SUITE 308~~<br>~~MIAMI, FL 33172~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>5959 BLUE LAGOON DR., Suite 200<br>MIAMI, FL 33126 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>WHITEMAN, DANIEL E<br>~~790 N.W. 107TH AVENUE,~~ SUITE 308<br>~~MIAMI, FL 33172~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>5959 BLUE LAGOON DR., Suite 200<br>MIAMI, FL 33126 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>GARVIN, ROBERT<br>~~790 N.W. 107TH AVENUE,~~ SUITE 308<br>~~MIAMI, FL 33172~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>5959 BLUE LAGOON DR., Suite 200<br>MIAMI, FL 33126 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>~~VAUGHN, RON~~<br>~~790 N.W. 107TH AVENUE,~~ SUITE 308<br>~~MIAMI, FL 33172~~ | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>ALDERMAN, KEN R.<br>5959 BLUE LAGOON DR., Suite 200<br>MIAMI, FL 33126 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>ANTONENKO, WALTER<br>~~790 N.W. 107TH AVENUE,~~ SUITE 308<br>~~MIAMI, FL 33172~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>5959 BLUE LAGOON DR., Suite 200<br>MIAMI, FL 33126 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ 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:** _____ 2-1-06 305-559-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #