


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000031580 1. Entity Name COASTAL CONSTRUCTION SERVICES, LLC	
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Principal Place of Business 5959 BLUE LAGOON DR SUITE 200 MIAMI, FL 33126	Mailing Address 5959 BLUE LAGOON DR SUITE 200 MIAMI, FL 33126
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03272008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0505386	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 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**

U00000890782
04/22/08-80110-002 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, THOMAS P JR 5959 BLUE LAGOON DR SUITE 200 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITEMAN, DANIEL E 5959 BLUE LAGOON DR SUITE 200 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARVIN, ROBERT 5959 BLUE LAGOON DR SUITE 200 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALDERMAN, KEN R 5959 BLUE LAGOON DR SUITE 200 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANTONENKO, WALTER 5959 BLUE LAGOON DR SUITE 200 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, MIKE 5959 BLUE LAGOON DR SUITE 200 MIAMI, FL 33126

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IN THIS SPACE**

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: Ken Alderman **KEN ALDERMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-28-2008
Date

305-599-4900
Daytime Phone #