2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# L02000031580

Entity Name: COASTAL CONSTRUCTION SERVICES, LLC

Current Principal Place of Business:

5959 BLUE LAGOON DR
SUITE 200
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5959 BLUE LAGOON DR
SUITE 200
MIAMI, FL 33126

New Mailing Address:

FEI Number: 03-0505386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	D	( ) Delete
Name:	MURPHY, THOMAS P JR	
Address:	5959 BLUE LAGOON DR SUITE 200	
City-St-Zip:	MIAMI, FL 33126	
Title:	P	( ) Delete
Name:	WHITEMAN, DANIEL E	
Address:	5959 BLUE LAGOON DR SUITE 200	
City-St-Zip:	MIAMI, FL 33126	
Title:	VP	( ) Delete
Name:	GARVIN, ROBERT	
Address:	5959 BLUE LAGOON DR SUITE 200	
City-St-Zip:	MIAMI, FL 33126	
Title:	S	( ) Delete
Name:	ALDERMAN, KEN R	
Address:	5959 BLUE LAGOON DR SUITE 200	
City-St-Zip:	MIAMI, FL 33126	
Title:	T	( ) Delete
Name:	ANTONENKO, WALTER	
Address:	5959 BLUE LAGOON DR SUITE 200	
City-St-Zip:	MIAMI, FL 33126	
Title:	VP	( ) Delete
Name:	BROWN, MIKE	
Address:	5959 BLUE LAGOON DR SUITE 200	
City-St-Zip:	MIAMI, FL 33126	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 ST 04/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date