2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000031580

1. Entity Name
COASTAL CONSTRUCTION SERVICES, LLC

FILED
03 AUG -4 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
790 N.W. 107TH AVENUE, SUITE 308 MIAMI FL 33171	790 N.W. 107TH AVENUE, SUITE 308 MIAMI FL 33171

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROSENBERG, DONALD S
SUITE 3050
ONE SOUTHEAST THIRD AVENUE
MIAMI FL 33171

7. Name and Address of New Registered Agent

Name: C T Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road
Plantation, Florida 33324
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 ____ PETER F. SOUZA ASSISTANT SECRETARY 7/31/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

100022259734
12/03--01066--005 **50.00

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COASTAL CONSTRUCTION OF SOUTH FLORIDA, INC 790 N.W. 107TH AVENUE, SUITE 308 MIAMI FL 33171	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BK	☐ Change ☐ Addition
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CR2E083 (4/03)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ____ Daniel E. Whiteman 7/30/03 305-559-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #