

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015868

FILED
Mar 03, 2009
Secretary of State

Entity Name: COASTAL PROPERTIES DEVELOPMENT GROUP, LLC

Current Principal Place of Business:

215 GRAND BOULEVARD
SUITE 102
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 6846
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 57-1165667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELMICH, KEVIN M ESQUIRE
4481 LEGENDARY DRIVE
SUITE 200
DESTIN, FL 32541 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: MGR () Delete
Name: WARD, SUSANNE J
Address: 215 GRAND BOULEVARD, SUITE 102
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: MGR () Delete
Name: WARD, JAMES W
Address: 215 GRAND BOULEVARD, SUITE 102
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: MGR () Delete
Name: JOHNSON, ZACHARY
Address: 215 GRAND BOULEVARD, SUITE 102
City-St-Zip: MIRAMAR BEACH, FL 32550 US

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:

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: SUSANNE J. WARD

MGR

03/03/2009

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