


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90310 043 ****50.00

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| DOCUMENT # L03000015877 |  |
| 1. Entity Name COASTAL PROPERTIES ASSOCIATION MANAGEMENT, LLC | |

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| Principal Place of Business 36132 EMERALD COAST PARKWAY SUITE 3 DESTIN, FL 32541 | Mailing Address 36132 EMERALD COAST PARKWAY SUITE 3 DESTIN, FL 32541 |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

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| 04262007 Chg-LLC CR2E083 (12/06) | |
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent HART, W C 34990 EMERALD COAST PKWY., SUITE 301 DESTIN, FL 32541 | 7. Name and Address of New Registered Agent Name <u>Zach Johnson</u> Street Address (P.O. Box Number is Not Acceptable) <u>36132 Emerald Coast Pkwy</u> <u>Destin</u> FL Zip Code <u>32541</u> |
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| 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 <u>[Signature]</u> <small>Signature is typed or printed name of registered agent and title if applicable.</small> | DATE <u>4/26/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM WARD, SUSANNE J 36132 EMERALD COAST PKWY, SUITE 3 DESTIN, FL 32541 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | DATE <u>4/26/07</u> DAYTIME PHONE # <u>850-931-2738</u> |