

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015877

FILED  
Feb 09, 2009  
Secretary of State

**Entity Name:** COASTAL PROPERTIES ASSOCIATION MANAGEMENT, LLC

**Current Principal Place of Business:**

215 GRAND BOULEVARD  
SUITE 102  
MIRAMAR BEACH, FL 32550 US

**New Principal Place of Business:**

11714 EMERALD COAST PKWY  
DESTIN, FL 32550 US

**Current Mailing Address:**

POST OFFICE BOX 6846  
MIRAMAR BEACH, FL 32550 US

**New Mailing Address:**

11714 EMERALD COAST PKWY  
DESTIN, FL 32550 US

**FEI Number:** 57-1165658

**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: JOHNSON, ZACHARY  
Address: 215 GRAND BOULEVARD, SUITE 102  
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: MGR ( ) Delete  
Name: JERVIS, ARTHUR F JR.  
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:

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: ZACH JOHNSON

OWN

02/09/2009

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