2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 08, 2008 08:00 AN Secretary of State

| DOCUMENT # L03000019016 1. Entity Name COSTERO, LLC | | |
|--|---|--|
| Principal Place of Business | Mailing Address | |
| 350 SOUTH SHORE DRIVE SARASOTA, FL 34234 | 350 SOUTH SHORE DRIVE SARASOTA, FL 34234 | |



DO NOT WRITE IN THIS SPACE

02272008 No Chg-LLC CR2E083 (12/07)

| 4. FEI Number | | Applied For | |
|----------------------------------|---|--------------------|----|
| 81-0614525 | Γ | Not Applicable | le |
| 5. Certificate of Status Desired | • | Additional equired | _ |

6. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

LINDSAY, EDWARD H 350 SOUTH SHORE DRIVE SARASOTA, FL 34234

DO NOT WRITE IN THIS SPACE

4/24/08

941/359-0472

Daytime Phone #

| the obligations of registered agent. | | | | | | |
|--|---|--|---|--|--|--|
| SIGNATURE | Signature typed or printed name of registered agent and little if applicable | (NOTE Registered Agent signature required when reinstating) | DATE | | | |
| | NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75 | | | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LINDSAY, EDWARD H 350 SOUTH SHORE DRIVE SARASOTA, FL 34234 | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | U00000950249 06/03/08-80061-002 138.75 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO | NOT WRITE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN ⁻ | THIS SPACE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | · | | | |
| TITLE - NAME STREET ADDRESS CITY-ST-ZIP | • | | | | | |
| 11. I hereby of indicated | ertify that the information supplied with this filing does not quentified on this report is true and accurate and that my signature sha | ralify for the exemptions contained in Chapter 11 all have the same logal effect as if made under or | 9. Florida Statutes I further certify that the information ath, that I am a managing member or manager of the | | | |

Edward H. Lindsay

MG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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