

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000022569

1. Entity Name
 COASTAL AGGREGATES, LLC



Principal Place of Business 1900 GLADES RD SUITE 301 BOCA RATON, FL 33431	Mailing Address 1900 GLADES RD SUITE 301 BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE



01302008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 80-0076662	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NORRIS, DAVID B
 712 U.S. HIGHWAY ONE, SUITE 400
 NORTH PALM BEACH, FL 33408

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

04/28/08-80021-020 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPENCER, GILBERT 1900 GLADES RD SUITE 301 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  4/10/08 561 395-3536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #