

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000034295

**Entity Name:** COASTAL PROJECTS, LLC

**FILED**  
**Feb 25, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

691 NW ENTERPRISE DRIVE  
PORT ST. LUCIE, FL 34986 US

**New Principal Place of Business:**

**Current Mailing Address:**

691 NW ENTERPRISE DRIVE  
PORT ST. LUCIE, FL 34986 US

**New Mailing Address:**

**FEI Number:** 02-0705757

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FREEDMAN, RICHARD J  
691 NW ENTERPRISE DRIVE  
PORT ST. LUCIE, FL 34986 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:** MGRM  
**Name:** FREEDMAN, RICHARD J  
**Address:** 691 NW ENTERPRISE DRIVE  
**City-St-Zip:** PORT ST. LUCIE, FL 34986 US

**Title:** MGR  
**Name:** FREEDMAN, CONNIE S  
**Address:** 691 NW ENTERPRISIE DRIVE  
**City-St-Zip:** PORT ST LUCIE, FL 34986 US

I hereby 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:** CONNIE S FREEDMAN

MGR

02/25/2010

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