## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000037239

1. Entity Name COASTLINE COMMONS, L.L.C.

Principal Place of Business

555 NO. CONGRESS AVE., SUITE 301 BOYNTON BEACH, FL 33426

Mailing Address

555 NO. CONGRESS AVE., SUITE 301 BOYNTON BEACH, FL 33426 FILED

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SECT. STATE
TALLAHASSEE, FLORIDA



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	Applied For
05-0597978	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

KALEEL, KENNETH M 555 NO. CONGRESS AVE., SUITE 301 BOYNTON BEACH, FL 33426

SIGNATURE AND TYPED

## DO NOT WRITE IN THIS SPACE

the bullgations of registered agent.				
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
	ling Fee is \$50.00 ue by May 1, 2007			
9	MANAGING MEMBERS/MANAGERS			
TITLE NAME	MGRM KALEEL, KENNETH M			
STREET ADDRESS CITY+ST-ZIP	555 NO. CONGRESS AVE., SUITE 301 BOYNTON BEACH, FL 33426		•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		900 <b>1</b> 05/30/07	035288 <b>99</b> 01032008 **400.00	
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 indicated limited lia	certify that the information supplied with this filing does not of on this report is true and apparents and that my signature shability company or the description of justee empowered to execute the company or the description of justee empowered to execute the company or the description of justee empowered to execute the company or the description of justee empowered to execute the company or the description of justices.	jualify for the exemptions contained in Chapter 119, Florida S all have the same legal effect as if made under oath; that I a sute this report as required by Chapter 608, Florida Statutes.	statutes. I further certify that the information im a managing member or manager of the	

NAME OF SIGNING 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