2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037522

Entity Name: COASTAL RE VENTURES, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
433 BUNKERS COVE PANAMA CITY, FL 32401	228 REID AVENUE PORT SAINT JOE, FL 32456
Current Mailing Address:	**New Mailing Address:**
433 BUNKERS COVE PANAMA CITY, FL 32401	P.O. BOX 13921 MEXICO BEACH, FL 32410

FEI Number: 20-0268568   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
MCCULLAR, ROBERT L 56 SPIRES LANE SUITE 14A SANTA ROSA BEACH, FL 32459 US	MCCULLAR, ROBERT L 2441 WEST US HWY 98 SUITE 108 SANTA ROSA BEACH, FL 32459 US

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: _____   01/19/2009 _____
        Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	FAISON, BRENT	Name:	FAISON, BRENT
Address:	433 BUNKERS COVE	Address:	P.O. BOX 13921
City-St-Zip:	PANAMA CITY, FL 32401	City-St-Zip:	MEXICO BEACH, FL 32410

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	FAISON, LORI	Name:	FAISON, LORI
Address:	433 BUNKERS COVE	Address:	P.O. BOX 13921
City-St-Zip:	PANAMA CITY, FL 32401	City-St-Zip:	MEXICO BEACH, FL 32410

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: BRENT FAISON _____ MGRM _____ 01/19/2009 _____
        Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date