

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000037522

**FILED**  
**Mar 16, 2010**  
**Secretary of State**

**Entity Name:** COASTAL RE VENTURES, LLC

**Current Principal Place of Business:**

228 REID AVENUE  
PORT SAINT JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 13921  
MEXICO BEACH, FL 32410

**New Mailing Address:**

**FEI Number:** 20-0268568

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCULLAR, ROBERT L  
2441 WEST US HWY 98  
SUITE 108  
SANTA ROSA BEACH, FL 32459 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: FAISON, BRENT  
Address: P.O. BOX 13921  
City-St-Zip: MEXICO BEACH, FL 32410

Title: MGRM  
Name: FAISON, LORI  
Address: P.O. BOX 13921  
City-St-Zip: MEXICO BEACH, FL 32410

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: BRENT FAISON

MGRM

03/16/2010

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