

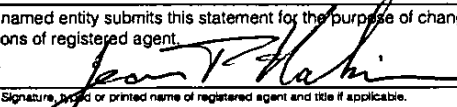
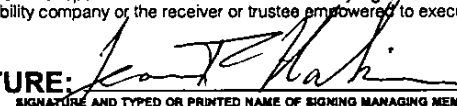


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90034 020 ***138.75

DOCUMENT # L03000037600 1. Entity Name INTRACOASTAL INVESTMENTS, LC					
Principal Place of Business 34350 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684			Mailing Address 34350 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684		
2. Principal Place of Business - No P.O. Box # 3975 Executive Dr Suite, Apt. #, etc.		3. Mailing Address 3975 Executive Dr Suite, Apt. #, etc.			
City & State Palm Harbor FL		City & State Palm Harbor FL		4. FEI Number 20-0899069	
Zip 34685		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAKIM, JEAN F 5400 TECH DATA DR CLEARWATER, FL 33760				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3975 Executive Dr City Palm Harbor FL Zip Code 34685	
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 		JEAN F. HAKIM		4.30.08 <small>DATE</small>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAKIM, JEAN F 34350 US HWY 19 N PALM HARBOR, FL 34684	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Jean F Hakim 3975 Executive Dr Palm Harbor FL 34685
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Irene Hakim 3975 Executive Dr Palm Harbor FL 34685	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Irene Hakim 3975 Executive Dr Palm Harbor FL 34685
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		JEAN F. HAKIM		4/30/08 <small>Date</small>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		727-787-4622 <small>Daytime Phone #</small>			