2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

Feb 06, 2008 08:00 AM Secretary of State DOCUMENT # L03000046333 1. Entity Name COASTAL ACQUISITIONS, L.L.C. Principal Place of Business Mailing Address 18 EAGLE CREST PATH P.O. BOX 354307 PALM COAST FL 32164 PALM COAST FL 32135 2. Principa! Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State 4. FEI Number Applied For City & State 27-0098771 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REIDER, ALAN P Street Address (P.O. Box Number is Not Acceptable) 18 EAGLE CREST PATH PALM COAST FL 32164 Zip Code 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. (NOTE: Registered Alijent's glicitare sequired when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM TOTLE Change Addition ☐ Delete NAME REIDER, ALAN P NAME STREET ADDRESS P.O. BOX 354307 STHEET ADDRESS CITY-ST-ZIP PALM COAST FL 32135 CITY-ST-Z:P Change Addition ☐ Delete TITLE U00000817581 HAME NAME 02/15/08-80008-010 138.75 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - Z!P MILE ☐ Delete IIILE ☐ Change Addition 🔲 NAME tiANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change TITLE ☐ Delēte TITLE ☐ Addition NALA NAME STREET ADDRESS STREET ACORESS CITY-SI-ZIP CITY-ST-ZIP Delete TITLE Change Addition T:TLF DISEASE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TIT: F ☐ Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

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GIGNATURE: Ullis Place AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE COME CONTRACTOR DESCRIPTION CONTRACTOR DESCRI

Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.