

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050792

FILED  
Mar 12, 2007  
Secretary of State

Entity Name: COASTAL COMMERCIAL GROUP, L.L.C.

**Current Principal Place of Business:**

1045 E. ATLANTIC AVE  
SUITE 205  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

1045 E. ATLANTIC AVE  
SUITE 205  
DELRAY BEACH, FL 33483

**New Mailing Address:**

FEI Number: 86-1088954

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GEORGE W. MATHERES III, P.A.  
1325 SO. CONGRESS AVE., SUITE 104  
BOYNTON BEACH, FL 33426 US

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

GEORGE W. MATHEWS III, P.A.  
1325 SO. CONGRESS AVE., SUITE 104  
BOYNTON BEACH, FL 33426 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: GEORGE MATHEWS

03/12/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KENNEMER, INGRID  
Address: 810 TANGERINE WAY  
City-St-Zip: GULF STREAM, FL 33483

Title: MGRM ( ) Delete  
Name: JARA, ANN M P.A.  
Address: 4149 ST ANDREWS DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: INGRID KENNEMER

MGRM

03/12/2007

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