

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000057199

FILED
Apr 12, 2004
Secretary of State

Entity Name: COASTAL TITLE GROUP, LLC

Current Principal Place of Business:

1719 S. COUNTY HWY 393
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

1719 S. COUNTY HWY 393
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COFFIELD, P. COLLEEN
1719 S. COUNTY HWY 393
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/MEMBERS:

Title: MGR () Delete
Name: SURETY LAND TITLE IN, C. OF FLORIDA, LLC
Address: 1719 S. COUNTY HWY 393
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGR () Delete
Name: COFFIELD, P. COLLEEN
Address: 1719 S. COUNTY HWY 393
City-St-Zip: SANTA ROSA BEACH, FL 32459

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 Section 119.07(3)(i), 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: P. COLLEEN COFFIELD

MGR

04/12/2004

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