

# 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