

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000057199

Entity Name: COASTAL TITLE GROUP, LLC

FILED
Jul 10, 2006
Secretary of State

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 () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COFFIELD SACHS, COLLEEN
1719 S. COUNTY HWY 393
SANTA ROSA BEACH, FL 32459 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COLLEEN COFFIELD SAC, HS
Address: 1719 S COUNTY HIGHWAY 393
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: COLLEEN COFFIELD SACHS

MGR

07/10/2006

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