
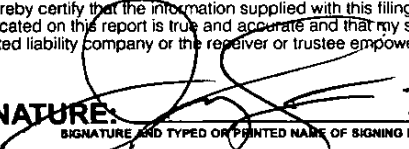


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90035 014 ****50.00

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|---|--|---------------------------|--|--|--|
| DOCUMENT # L03000057402 | | | |  | |
| 1. Entity Name COASTAL CAPITAL VENTURE, LLC | | | | | |
| Principal Place of Business 19 N. BOULEVARD OF THE PRESIDENTS SUITE 605 SARASOTA, FL 34236 US | | | Mailing Address 19 N. BOULEVARD OF THE PRESIDENTS SUITE 605 SARASOTA, FL 34236 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 88-0517148 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent SILBERSTEIN, DAVID M 720 SOUTH ORANGE AVENUE SARASOTA, FL 34236 | | | | 7. Name and Address of New Registered Agent David M Silberstein The Plaza Bldg 50 Central Ave, Ste 700 Sarasota, FL 34236 | |
| 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. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE MGR NAME MERRITT, BRIAN STREET ADDRESS 19 N BOULEVARD OF THE PRESIDENTS, STE. 405 CITY-ST-ZIP SARASOTA, FL 34236 | <input type="checkbox"/> Delete | | TITLE MGR NAME Irving Gitlin STREET ADDRESS 19 N. Blvd of the Presidents, #605 CITY-ST-ZIP Sarasota, FL 34236 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE MGR NAME HOLLOWAY, JOE R STREET ADDRESS 19 N BOULEVARD OF THE PRESIDENTS, STE 605 CITY-ST-ZIP SARASOTA, FL 34236 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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. | | | | | |
| SIGNATURE:  | | | Irving Gitlin | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date: 3/27/07 Daytime Phone #: 941-955-2424 | | |

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03022007 Chg-LLC CR2E083 (12/06)