

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017046

Entity Name: COASTAL PROPERTY, LLC

FILED
Mar 25, 2008
Secretary of State

Current Principal Place of Business:

8450 S US HWY 1
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7696
PORT SAINT LUCIE, FL 34952

New Mailing Address:

P.O. BOX 7696
PORT SAINT LUCIE, FL 34985

FEI Number: 20-0904146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNYDER, WARD I
8450 S US HWY 1
PORT SAINT LUCIE, FL 34952 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/MANAGERS:

Title: MGRM () Delete
Name: ROWLEY, S. PIKE
Address: 1300 SAWGRASS CORPORATE HWY, STE 320
City-St-Zip: SUNRISE, FL 33325

Title: MGRM () Delete
Name: SNYDER, WARD JR.
Address: 8450 S US HWY 1
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: SNYDER, WARD I
Address: 8450 S US HWY 1
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MGRM () Change (X) Addition
Name: WALTERS, ROBERT
Address: 620 SE 1ST STREET
City-St-Zip: FT. LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify 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: WARD I SNYDER

MGRM

03/25/2008

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