

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017046

Entity Name: COASTAL PROPERTY, LLC

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

8450 S US HWY 1
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

600 N US HWY 1
FORT PIERCE, FL 34950

Current Mailing Address:

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

New Mailing Address:

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:

SNYDER, WARD I
600 N US HWY 1
PORT SAINT LUCIE, FL 34950 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:

03/19/2009

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 I
Address: 8450 S US HWY 1
City-St-Zip: PORT ST. LUCIE, FL 34952

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

ADDITIONS/CHANGES:

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

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 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

RA

03/19/2009

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