

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020905

FILED
May 01, 2008
Secretary of State

Entity Name: COASTAL RESIDENTIAL CONTRACTORS, LLC

Current Principal Place of Business:

8217 FISHHAWK AVENUE
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

8217 FISHHAWK AVENUE
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 04-3789320 FEI Number Applied For () FEI Number Not Applicable () 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:

IVAN, WEST R
8217 FISHHAWK AVENUE
NEW PORT RICHEY, FL 34653 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: PRES () Delete
Name: IVAN, WEST R
Address: 8217 FISHHAWK AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: V.P. () Delete
Name: WEST, JESSICA C V.P.
Address: 8217 FISHHAWK AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES:

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

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

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: JESSICA C WEST

VP

05/01/2008

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