

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024987

Entity Name: COASTAL PROPERTY, LLC

FILED
Jan 12, 2007
Secretary of State

Current Principal Place of Business:

4147 SOUTHPOINT DRIVE, EAST
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4549 GLEN KARRAN PKWY E
JACKSONVILLE, FL 32224

New Mailing Address:

4549 GLEN KERNAN PKWY E
JACKSONVILLE, FL 32224

FEI Number: 20-1190247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEE, FRANK H III,ESQ
401 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

FEE, FRANK H III,ESQ
500 VIRGINIA AVE
SUITE 200
FORT PIERCE, FL 34982 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: FRANK H FEE III

01/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FEE, TIMOTHY E MD
Address: 4147 SOUTHPOINT DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

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

Title: MGR () Delete
Name: SPILLERT, LEONARD J M.D.
Address: 4147 SOUTHPOINT DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32216

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: SERAN FEE

V.P

01/12/2007

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