2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055524

Address:

City-St-Zip:

603 KRISTANNA DRIVE

PANAMA CITY, FL 32405

Entity Name: COASTAL TITLE ASSURANCE, LLC

FILED Apr 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8317 FRONT BEACH ROAD SUITE 37-C PANAMA CITY BEACH, FL 32407 **New Mailing Address: Current Mailing Address:** 8317 FRONT BEACH ROAD SUITE 37-C PANAMA CITY BEACH, FL 32407 FEI Number: 27-0099597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COX, T. RYAN 131 LEGEND LAKES DR. US PANAMA CITY, FL 32411 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete COX, T. RYAN Name: Name: Address: 131 LEGEND LAKES DR. Address: City-St-Zip: PANAMA CITY, FL 32411 City-St-Zip: Title: MGR () Delete Title: () Change () Addition GORTEMOLLER, JAMES Name: Name: Address: 208 GOLF CIRCLE Address: City-St-Zip: PANAMA CITY, FL 32411 City-St-Zip: Title: MGR () Delete Title: () Change () Addition TUCKER, CHARLES G Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: CHARLES G. TUCKER MGR 04/06/2009