

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057221

FILED
Jan 07, 2007
Secretary of State

Entity Name: COASTAL LIVING REAL ESTATE, LLC

Current Principal Place of Business:

220 DUNLAWTON AVENUE
PORT ORANGE, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

220 DUNLAWTON AVENUE
PORT ORANGE, FL 32127 US

New Mailing Address:

FEI Number: 20-1442543 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FAMILIA, WILLIAM W
4757 S. ATLANTIC AVENUE
SUITE 202
PONCE INLET, FL 32127 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: MGR () Delete
Name: FAMILIA, WILLIAM W
Address: 4757 S. ATLANTIC AVENUE, SUITE 202
City-St-Zip: PONCE INLET, FL 32127 US

Title: MGR () Delete
Name: FAMILIA, MELINDA M
Address: 4757 S. ATLANTIC AVENUE, SUITE 202
City-St-Zip: PONCE INLET, FL 32127 US

ADDITIONS/CHANGES:

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 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: WILLIAM W. FAMILIA

MGR

01/07/2007

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