

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90147 037 ***138.75

DOCUMENT # L05000023094					
1. Entity Name ST. PETE COASTAL DEVELOPMENT I, LLC					
Principal Place of Business 5409 ALHOA DRIVE ST. PETE BEACH, FL 33706			Mailing Address 5409 ALHOA DRIVE ST. PETE BEACH, FL 33706		
2. Principal Place of Business - No P.O. Box # 5409 ALHOA DRIVE		3. Mailing Address P.O. BOX 66952			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ST. PETE BEACH, FL		City & State ST. PETE BEACH, FL		4. FEI Number 20-2348663	
Zip 33736		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FASHBAUGH, GRANT L 5409 ALHOA DRIVE ST. PETE BEACH, FL 33706			7. Name and Address of New Registered Agent Name: GRANT L. FASHBAUGH Street Address (P.O. Box Number is Not Acceptable): 5409 ALHOA DR. City: ST. PETE BEACH, FL Zip Code: 33706		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: GRANT L. FASHBAUGH Date: 3/15/08 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE MGR NAME JAMMA ENTERPRISES, INC. STREET ADDRESS 5409 ALHOA DRIVE CITY-ST-ZIP ST. PETE BEACH, FL 33706	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: GRANT L. FASHBAUGH			Date: 3/15/08 Daytime Phone #: 727-710-1328		