2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030768

Entity Name: COASTAL VILLAGE, LLC

FILED Apr 02, 2009 Secretary of State

Current Principal Place	e of Business:	New Principal Place of Business:			
8825 EAST TAMIAMI TRAIL NAPLES, FL 341133347		8825 EAST TAMIAMI T NAPLES, FL 34113	8825 EAST TAMIAMI TRAIL NAPLES, FL 34113		
Current Mailing Address:		New Mailing Address	New Mailing Address:		
8825 EAST TAMIAMI TRAIL NAPLES, FL 341133347		8825 EAST TAMIAMI T NAPLES, FL 34113	8825 EAST TAMIAMI TRAIL NAPLES, FL 34113		
FEI Number: 20-4766830	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ()		
Name and Address of C	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:		
BURKE, CONSTANCE M 1107 WEST MARION AVENUE, SUITE 112 PUNTA GORDA, FL 339505372 US		BURKE, CONSTANCE 247 N COLLIER BLVD SUITE 202 MARCO ISLAND, FL 3			

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.

SIGNATUF	RE: CONSTANCE M. BURKE	04/02/2009			
Electronic Signature of Registered Agent			Date		
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:			
Title:	P () Delete	Title:	8825 TAMIAMI TRAIL EAST		
Name:	DE LANGE, LUIT MR	Name:			
Address:	8825 TAMIAMI TRAIL EAST	Address:			
City-St-Zip:	NAPLES, FL 34113	City-St-Zip:			
Title:	VP () Delete	Title:	VP (X) Change () Addition		
Name:	BOFF, JOSEPH D MR	Name:	BOBROW, JOEL I		
Address:	942 NORTH COLLIER BLVD	Address:	8825 TAMIAMI TRAIL EAST		
City-St-Zip:	MARCO ISLAND, FL 34145	City-St-Zip:	NAPLES, FL 34113		
Title:	T () Delete	Title:	T (X) Change () Addition		
Name:	BOBROW, JOEL I MR	Name:	BOBROW, JOEL I		
Address:	8825 TAMIAMI TR EAST	Address:	8825 TAMIAMI TR EAST		
City-St-Zip:	NAPLES, FL 34113	City-St-Zip:	NAPLES, FL 34113		
Title:	S () Delete	Title:	8825 TAMIAMI TR EAST		
Name:	DE LANGE-GARNER, ULRIKE MR	Name:			
Address:	8825 TAMIAMI TR EAST	Address:			
City-St-Zip:	NAPLES, FL 34113	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:	JOEL I. BOBROW	VP	04/02/2009
	Electronic Signature of Signing Managing	Member, Manager, or Authorized Represe	entative / Date