

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032297

FILED
Apr 09, 2009
Secretary of State

Entity Name: COASTAL LIVING REAL ESTATE AND PROPERTY MANAGEMENT, LLC

Current Principal Place of Business:

14001 BELLAGIO WAY
OSPREY, FL 34229

New Principal Place of Business:

Current Mailing Address:

14001 BELLAGIO WAY
OSPREY, FL 34229

New Mailing Address:

FEI Number: 20-2604930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, KAREN
2512 ARAPAHO STREET
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

WILLIAMS, KAREN
14001 BELLAGIO WAY
OSPREY, FL 34229 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: KAREN WILLIAMS

04/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLIAMS, KAREN
Address: 2512 ARAPAHO ST
City-St-Zip: SARASOTA, FL 34231 US

Title: MGRM () Delete
Name: WIEGAND, DERYA
Address: 3221 NEW ENGLAND ST
City-St-Zip: SARASOTA, FL 34231 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: OSSENKOP, LINDA
Address: 2524 PORTLAND ST
City-St-Zip: SARASOTA, FL 34229

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: KAREN WILLIAMS

MGRM

04/09/2009

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