

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000036500

1. Entity Name

COASTLINE LAND INVESTMENTS, LLC



Principal Place of Business

19118 BOB O LINK DR.
MIAMI, FL 33015

Mailing Address

19118 BOB O LINK DR.
MIAMI, FL 33015



04302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

41-2174347

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORES, LUIS O
19118 BOB O LINK DR.
MIAMI, FL 33015

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000751200
05/18/07-80094-009 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|------------------------------|
| TITLE | MGRM |
| NAME | FLORES, LUIS O |
| STREET ADDRESS | 19118 BOB O LINK DR. |
| CITY-ST-ZIP | MIAMI, FL 33015 |
| TITLE | MGRM |
| NAME | FLORES, CARLOS M |
| STREET ADDRESS | 19118 BOB O LINK DR. |
| CITY-ST-ZIP | MIAMI, FL 33015 |
| TITLE | MGRM |
| NAME | FLORES, LUIS |
| STREET ADDRESS | 15150 NW 79TH CT., SUITE 195 |
| CITY-ST-ZIP | MIAMI LAKES, FL 33016 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/30/07

305 512 3334