2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000040632

1. Entity Name

REGIONAL COASTAL DEVELOPMENT, LLC

FILED Jan 14, 2008 08:00 AN Secretary of State

Principal Place of Business

545 MACLAY ROAD TALLAHASSEE, FL 32312 Mailing Address

545 MACLAY ROAD TALLAHASSEE, FL 32312



01102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2796739

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GLUESENKAMP, GORDON J JR 545 MACLAY ROAD TALLAHASSEE, FL 32312

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The above named entity submits this statement for the purpose of chithe obligations of redustable beta.	anging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE		1.11.08
Signalule, typed or crinted name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOWIN FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY- ST-ZIP	MGRM CHICK COASTAL DEVELOPMENT, LLC 1962 CENTERVILLE RD. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHEARWATER COASTAL DEVELOPMENT 545 MACLAY RD. TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JERRY DAVIS DEVELOPMENT,LLC 941 LIGHTHOUSE LAGOON CT. PANAMA CITY BEACH, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	

01/15/08-80097-012 138.75

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11. I hereby certify that the information supplied with this filling 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 trustage empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

1. 11.0B

850. 293.7081

Date

Daytime Phone i