

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060594

FILED
May 01, 2008
Secretary of State

Entity Name: COASTAL DEVELOPMENT ENTERPRISES, LLC

Current Principal Place of Business:

5509 W GRAY STREET
SUITE 201
TAMPA, FL 33609 US

New Principal Place of Business:

10901 CORPORATE CIRCLE NORTH
SUITE A
ST PETERSBURG, FL 33716 US

Current Mailing Address:

5509 W GRAY STREET
SUITE 201
TAMPA, FL 33609 US

New Mailing Address:

10901 CORPORATE CIRCLE NORTH
SUITE A
ST PETERSBURG, FL 33716 US

FEI Number: 20-3017618 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

EAST, CLARK D
5509 W GRAY STREET
SUITE 201
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

EAST, CLARK D
10901 CORPORATE CIRCLE NORTH
SUITE A
ST PETERSBURG, FL 33716 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: CLARK D EAST

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EAST, CLARK D
Address: 5509 W GRAY STREET SUITE 201
City-St-Zip: TAMPA, FL 33609 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EAST, CLARK D
Address: 10901 CORPORATE CIRCLE NORTH STE A
City-St-Zip: ST PETERSBURG, FL 33716 US

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: CLARK D EAST

MGR

05/01/2008

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