

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063851

FILED
Apr 13, 2007
Secretary of State

Entity Name: COASTAL HOLDINGS I OF JACKSONVILLE, LLC

Current Principal Place of Business:

6028 CHESTER AVENUE
SUITE 206A
JACKSONVILLE, FL 32217 US

Current Mailing Address:

6028 CHESTER AVENUE
SUITE 206A
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

6015 MORROW STREET EAST
SUITE 205
JACKSONVILLE, FL 32217 US

New Mailing Address:

6015 MORROW STREET EAST
SUITE 205
JACKSONVILLE, FL 32217 US

FEI Number: 20-3137652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

CONTEGA BUSINESS SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 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: CHRISTIAN M. COX, VP

04/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DYER, GREGORY
Address: 6028 CHESTER AVENUE, SUITE 206A
City-St-Zip: JACKSONVILLE, FL 32217 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DYER, GREGORY
Address: 4504 REDWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32207 US

I hereby certify that the information supplied with this filing does not qualify for the 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: GREGORY DYER

MGR

04/13/2007

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