2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# L05000066547

Entity Name: LUXURY COAST PROPERTIES LLC

Current Principal Place of Business:

643 MOURNING DOVE DR
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

1073 GLADE PARK EAST
KITTANNING, PA 16201

New Mailing Address:

FEI Number: 30-0336551 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NULL, VICKY L
901 SOUTH TOWN AND RIVER DR
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

NULL, VICKY L
643 MOURNING DOVE DRIVE
SARASOTA, FL 34236 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: VICKY L NULL 01/21/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BOYER, DENNIS
Address: 901 SOUTH TOWN AND RIVER DR
City-St-Zip: FT. MYERS, FL 33919 US

Title: MGR ( ) Delete
Name: NULL, VICKY
Address: 901 SOUTH TOWN AND RIVER DR
City-St-Zip: FT. MYERS, FL 33919 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BOYER, DENNIS
Address: 643 MOURNING DOVE DRIVE
City-St-Zip: SARASOTA, FL 34236 US

Title: MGR (X) Change ( ) Addition
Name: NULL, VICKY
Address: 643 MOURNING DOVE DRIVE
City-St-Zip: SARASOTA, FL 34236 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: VICKY L NULL MGR 01/21/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date