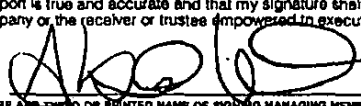


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

05-14-2008 90079 006 ***138.75

DOCUMENT # L05000096391					
1. Entity Name W INTRACOASTAL LLC					
Principal Place of Business 7760 WEST 20 AVENUE SUITE NO 1 HIALEAH, FL 33016			Mailing Address 7760 WEST 20 AVENUE SUITE NO 1 HIALEAH, FL 33016		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3620544	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LLEVAT, HECTOR 7760 WEST 20 AVENUE SUITE NO 1 HIALEAH, FL 33016			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEINTRAUB, SAMUEL 7431 MIAMI VIEW DRIVE NORTH BAY VILLAGE, FL 33141	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALMA WEINTRAUB 7431 MIAMI VIEW DR NORTH BAY VILLAGE FL 33141	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABRAHAM WEINTRAUB 21216 HARBOR WAY #101 N. MIAMI BEACH, FL 33180	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: 			4/22/08 305-557-9398		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

30008981

