


FILED  
May 07, 2007 8:00 am  
Secretary of State

05-07-2007 90374 038 \*\*\*\*55.00

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

|   |  |   |   |
|---|--|---|---|
| DOCUMENT # L06000001308   |  |                    |   |
| 1. Entity Name<br>COASTAL PALMS, LLC  |  |   |   |
| Principal Place of Business<br>6700 N. ANDREWS AVENUE, SUITE 300<br>FORT LAUDERDALE, FL 33309   |  | Mailing Address<br>6700 N. ANDREWS AVENUE, SUITE 300<br>FORT LAUDERDALE, FL 33309                   |   |
| 2. Principal Place of Business - No P.O. Box #  |  | 3. Mailing Address<br>209 N Birch Road<br>Apt 1101<br>Ft Lauderdale FL<br>33304 WA                  |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |
| City & State  |  | City & State  |   |
| Zip   | Country  | Zip   | Country   |
| 6. Name and Address of Current Registered Agent<br>M & W AGENTS, INC.<br>2101 CORPORATE BLVD., SUITE 107<br>BOCA RATON, FL 33431  |  | 4. FEI Number<br>20-4045768<br>Applied For<br>Not Applicable  |   |
| 7. Name and Address of New Registered Agent<br>Name: Stephen JACKMAN<br>Street Address (P.O. Box Number is Not Acceptable)<br>209 N Birch Road<br>Apt 1101<br>City: Ft Lauderdale FL Zip Code: 33304  |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |   |
| 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.<br>SIGNATURE: <u>Stephen JACKMAN</u> DATE: <u>4/30/2007</u><br><small>(NOTE: Registered Agent signature required when reappointing)</small>   |  |   |   |
| Filing Fee is \$50.00<br>Due by May 1, 2007   |  | Make check payable to<br>Florida Department of State  |   |
| 9. MANAGING MEMBERS/MANAGERS  |  | 10. ADDITIONS/CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGR<br>JACKMAN, M. STEPHEN<br>6700 N. ANDREWS AVENUE, SUITE 300<br>FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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.<br>SIGNATURE: <u>Stephen JACKMAN</u> DATE: <u>4/21/2007</u> 954-267-8600<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> |  |   |   |