



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000048849 1. Entity Name COASTAL HOMEBUILDERS AT KEY BISCAYNE II, LLC						FILED 08 JAN 17 AM 10:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA 		
Principal Place of Business 2929 SW 3RD AVE. SUITE #612 MIAMI, FL 33129 US				Mailing Address 2929 SW 3RD AVE. SUITE #612 MIAMI, FL 33129 US				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.				
City & State Zip Country				City & State Zip Country				
4. FEI Number 20-4913863				Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent ROMERO, JORGE 2450 SW 137 AVENUE #226 MIAMI, FL 33143				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>								
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 ROMERO BUILDERS, LLC 2450 SW 137 AVENUE, #226 MIAMI, FL 33175			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROMERO BUILDERS, LLC 2929 SW 3RD AVE. Ste 612 MIAMI, FL 33129		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PAPU, SAMUEL 2450 SW 137 AVENUE, #226 MIAMI, FL 33143			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PAPU, SAMUEL 2929 SW 3RD AVE. Ste 612 MIAMI, FL 33129		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: Jan 8/08 (305) 856 4939 <small>Daytime Phone #</small>				