

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085593

FILED
Jan 09, 2008
Secretary of State

Entity Name: COASTAL DEVELOPMENT PARTNERS, LLC

Current Principal Place of Business:

C/O MICHAEL W. REED, M.D.
500 WEST 19TH STREET
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

C/O MICHAEL W. REED, M.D.
500 WEST 19TH STREET
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 26-0623636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REED, MICHAEL W M.D.
500 WEST 19TH STREET
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

REED, MICHAEL W M.D.
500 WEST 19TH STREET
PANAMA CITY, FL 32401 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: MICHAEL W. REED, M.D.

01/09/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REED, MICHAEL W M.D.
Address: 500 WEST 19TH STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM () Delete
Name: SUDDER, JOHN
Address: 21 BALL MILL PLACE
City-St-Zip: ATLANTA, GA 30350

Title: MGRM () Delete
Name: SUDDER, JENNIFER
Address: 21 BALL MILL PLACE
City-St-Zip: ATLANTA, GA 30350

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL W. REED, M.D.

MGRM

01/09/2008

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