2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L06000085593

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:

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: _____

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:	SUDDES, JOHN	
Address:	21 BALL MILL PLACE	
City-St-Zip:	ATLANTA, GA 30350	
Title:	MGRM	( ) Delete
Name:	SUDDES, 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 04/27/2009

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