2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 26, 2008
Secretary of State

DOCUMENT# L06000102032

Entity Name: COASTAL BIOFUELS LLC

Current Principal Place of Business:

2199 PALOMA STREET
NAVARRE, FL 32566

New Principal Place of Business:

1510 VORTEX SPRING LN.
PONCE DE LEON, FL 32455

Current Mailing Address:

2199 PALOMA STREET
NAVARRE, FL 32566

New Mailing Address:

1510 VORTEX SPRING LN.
PONCE DE LEON, FL 32455

FEI Number: 20-5752837 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

SCHILLER, MICHAEL S MGRM
1510 VORTEX SPRING LN.
PONCE DE LEON, FL 32455 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 S. SCHILLER 09/26/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SCHILLER, MICHAEL
Address: 2199 PALOMA STREET
City-St-Zip: NAVARRE, FL 32566

Title: MGRM ( ) Delete
Name: SCHILLER, ANDREA
Address: 2199 PALOMA STREET
City-St-Zip: NAVARRE, FL 32566

Title: MGRM (X) Delete
Name: BENSON, RICHARD
Address: 7017 FLINGTWOOD STREET
City-St-Zip: NAVARRE, FL 32566

Title: MGRM (X) Delete
Name: BENSON, RENEE
Address: 7017 FLINGTWOOD STREET
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SCHILLER, MICHAEL
Address: P.O. BOX 186
City-St-Zip: PONCE DE LEON, FL 32455

Title: MGRM (X) Change ( ) Addition
Name: SCHILLER, ANDREA
Address: P.O. BOX 186
City-St-Zip: PONCE DE LEON, FL 32455

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 S. SCHILLER MGRM 09/26/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date