2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L06000104510

Entity Name: BUTLER COASTAL LLC

Current Principal Place of Business:

2250 SEA AVENUE
INDIALANTIC, FL 32903 US

New Principal Place of Business:

1083 BENT WAY CT
APOPKA, FL 32703 US

Current Mailing Address:

2250 SEA AVENUE
INDIALANTIC, FL 32903 US

New Mailing Address:

1083 BENT WAY CT
APOPKA, FL 32703 US

FEI Number: 68-0639563 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUTLER, JAMES C II
2250 SEA AVENUE
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

BUTLER, JAMES C II
1083 BENT WAY CT
APOPKA, FL 32703 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: JAMES C BUTLER II 04/29/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BUTLER, MELISSA M
Address: 2250 SEA AVENUE
City-St-Zip: INDIALANTIC, FL 32903 US

Title: MGR ( ) Delete
Name: BUTLER, JAMES C
Address: 2250 SEA AVE
City-St-Zip: INDIALANTIC, FL 32903 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BUTLER, MELISSA M
Address: 1083 BENT WAY CT
City-St-Zip: APOPKA, FL 32703 US

Title: MGR (X) Change ( ) Addition
Name: BUTLER, JAMES C
Address: 1083 BENT WAY CT
City-St-Zip: APOPKA, FL 32703 US

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: JAMES C BUTLER II MGR 04/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date