2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# L07000014068

Entity Name: COASTLINE FINANCIAL SERVICES GROUP, LLC

Current Principal Place of Business:

11645 BISCAYNE BLVD.
SUITE 408
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

11645 BISCAYNE BLVD.
SUITE 408
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 74-3207572 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LACKER, GREGORY C
9195 COLLINS AVE
SUITE 1111
SURFSIDE, FL 33154 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: LACKER, GREGORY C
Address: 9195 COLLINS AVE SUITE 1111
City-St-Zip: SURFSIDE, FL 33154

Title: MGRM ( ) Delete
Name: ANTON, NOEMI
Address: 9195 COLLINS AVE SUITE 1111
City-St-Zip: SURFSIDE, FL 33154

ADDITIONS/CHANGES:

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: GREG LACKER MGRM 03/19/2009

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