


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90019 026 \*\*\*138.75

DOCUMENT # L07000021615	
1. Entity Name COASTAL BLACKFRIARS, LLC	

Principal Place of Business 11 S. SWINTON AVENUE DELRAY BEACH FL 33444 US	Mailing Address 11 S. SWINTON AVENUE DELRAY BEACH FL 33444 US
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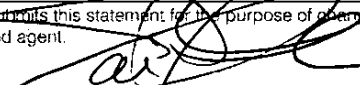


2. Principal Place of Business - No P.O. Box # 90 SE 4th Avenue	3. Mailing Address 90 SE 4th Avenue
Suite, Apt. #, etc. Suite 1	Suite, Apt. #, etc. Suite 1
City & State Delray Beach FL	City & State Delray Beach FL
Zip 33403	Country US

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent CARBONE, LOUIS J 11 S. SWINTON AVENUE DELRAY BEACH FL 33444	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 90 SE 4th Avenue Suite 1 City Delray Beach FL Zip Code 33403
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8. The above named entity submits this statement for the purpose of obtaining its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

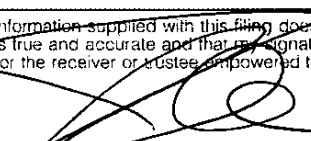
SIGNATURE  DATE 4/10/08

(NOTE: Registered Agent signature required when registering)

<p><b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008, Fee Will Be \$538.75</b> <b>Make Check Payable to Florida Department of State</b></p>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR H. JAMES INVESTMENTS, LLC 11 S. SWINTON AVENUE DELRAY BEACH FL 33444 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR F. GRACE INVESTMENTS LLC 90 S.E. 4th Ave Suite 1 Delray Beach, FL 33483 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLACKFRIARS MANAGEMENT US, LLC 2415 SOUTH OCEAN BOULEVARD #16 DELRAY BEACH FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	90 SE 4th Avenue, Suite 1 Delray Beach Florida 33483 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  DATE 4/10/08 5612720282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE