

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90137 005 ***138.75

DOCUMENT # L07000030537	
1. Entity Name COASTAL SANDS LLC	

Principal Place of Business 304 PONCE DE LEON AVE. SUITE 900 SAN JUAN PUERTO RICO,	Mailing Address 304 PONCE DE LEON AVE. SUITE 900 SAN JUAN PUERTO RICO,
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2. Principal Place of Business - No P.O. Box # 641 OCEAN BLVD	3. Mailing Address P.O. BOX 13345
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State GOLDEN BEACH, FL	City & State San Juan, Puerto Rico
Zip 33160	Zip 00908-3345
Country USA	Country USA

04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8684924	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MARIA-CRISTINA DEL-VALLE, P.A. 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134	
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7. Name and Address of New Registered Agent

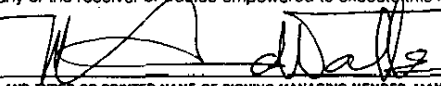
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARTIN MORALES, ENRIQUE 304 PONCE DE LEON AVE. SUITE 900 SAN JUAN PUERTO RICO, ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARTIN MORALES, ENRIQUE ☒ Change ☐ Addition 40 MARIA-CRISTINA DEL-VALLE, P.A. 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 4/1/08	Daytime Phone #: (305) 357-1001 x271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

MCRISTINA DEL VALLE authorized representative