

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000113784

FILED
Nov 30, 2009
Secretary of State**Entity Name:** COASTAL ALLIANCE, LLC**Current Principal Place of Business:**300 E HIGH ST
ELKHART, IN 46516**New Principal Place of Business:**530 EAST LEXINGTON AVENUE
175E
ELKHART, IN 46516**Current Mailing Address:**300 E. HIGH ST
ELKHART, IN 46516**New Mailing Address:**530 EAST LEXINGTON AVENUE
175E
ELKHART, IN 46516**FEI Number:** 26-1389811**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FOSTER, HARRY E
300 SHEOAH BLVD
APT 1202
WINTER SPRINGS, FL 32708 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: FOSTER, HARRY E MGRM
Address: 300 SHEOAH BLVD #1202
City-St-Zip: WINTER SPRINGS, FL 32708**Title:** MGRM () Delete
Name: MARTIN, RONALD W II
Address: 54330 OLD BEDFORD TRL
City-St-Zip: MISHAWAKA, IN 46545**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: HARRY E. FOSTER

VP

11/30/2009

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