2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 27, 2008 8:00 am Secretary of State

DOCUMENT # L07000114297 1. Entity Name COASTLINE MOTORS, LLC						03-27-200	8 90088 C	14 ***14	3.75	
Principal Place 1921 NORTH FORT PIERCE	U.S. HIGHWAY #1, STE 17	Mailing Address 1921 NORTH U.S. HIGHWAY #1, STE 17 FORT PIERCE, FL 34946			001764 					
2. Reincipal Pl	ace of Business in der AVe.	33 Maiing Addresoleander Ave.								
Suite, Apt. i	, etc.	Suite, Apt. #, etc.			03072008 Chg-LLC CR2E083 (12/06)					
Gity & State Fort	Pierce FL 34982	Fort Pierce FL 34982		4. FEI Number 26-14	154180			Applicable		
⁷ 34982	Country St Lucie	3 ^{Zip} 34982	34982 St Lucie			5. Certificate of Status Desired S.				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent										
RIESELMAN, WILLIAM R					.eselman, Willam R s (P.O. Box Number is Not Acceptable)					
	RCE, FL 34946			···			<u> </u>			
					ridlewood Way					
City Fort					Pierce FL Zip 694945					
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 Submits Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) CATE										
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Makeicheck payable to Florida Department of State										
9.	MANAGING MEMBE		10.	··-		ADDITIONS	/CHANGES	√∑l Channa	□ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RIESELMAN, WILLIAM R . 1921 NORTH U.S. HIGHWAY #1 FORT PIERCE, FL 34946	□ Delete , STE 17	THTLE NAME STREET ADOR CITY-ST-ZIP	30	eselman, B Bridle	ewood Wa	ıу	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADOR CITY-ST-ZIP		rt Piero	e-PL :	34945	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS			_	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADOR CITY-ST-ZIP	FSS				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	TITLE NAME STREET ADDR CITY-ST-ZIP					Change	Addition	
indicated	certify that the information supplied with f on this report is true and accurate and	that my signature shall have	the same legal	effect as if r	nade under oath;	that I am a mana	lurther certify ging membe	that the info r or manage	rmation r of the	