## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 18, 2008 8:00 am Secretary of State

DOCUMENT # L07000126486  1. Entity Name COAST FBO, LLC						02-18-2008	3 90074 0	31 ***13	38.75
Principal Plac	ce of Business	Mailing Address			1	600087	I Q A		
240 S. PINE		240 S. PINEAPPLE AVE	-			000001	74		
SARASOTA, F		SARASOTA, FL 34236				•			
JANUASO IA, I	12 37230	JANASOTA, FE 34230				8 <b>3</b> 811   <b>38</b> 01 <b>  8</b> 111 <b>  68</b> 116 <b>  88</b>			II II III II
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 49948							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02082008	Chg-LLC	CR2E08	33 (12/06)		
City & Stat	e	City & State Sarasota, FL			4. FEI Numbe	26-162	5335	·	oplied For ot Applicable
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		\$5.00 Add	
		34230-6948		·	<u></u>			ee Require	d 
<u> </u>	6. Name and Address of Current	Registered Agent		No.	7. Name and	Address of New F	Registered A	gent	
BAND DA	VID e			Name					
BAND, DAVID S 240 S. PINEAPPLE AVE. SARASOTA, FL 34236				Street Address (P.O. Box Number is Not Acceptable)					
				City	FL Zip Code				
8. The above the obligat	named entity submits this statement for tions of registered agent.	r the purpose of changing its	registere	ed office or registe	red agent, or bot	h, in the State of Flo	orida. Lam fa	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO18	E Registere	d Agent signature require	f 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			
		5					•	-	е
			10.				a Departme	-	<b>e</b>
After May	y 1, 2008 Fee will be \$538.75		<b>10</b> .			Florid	a Departme	-	e Addition
After May	y 1, 2008 Fee will be \$538.75	RS/MANAGERS				Florid	a Departme	ent of State	
9.	y 1, 2008 Fee will be \$538.75 MANAGING MEMBE	RS/MANAGERS	TITLE			Florid	a Departme	ent of State	
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indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

David S. Band, Manager
SIGNATURE AND TYPED OF SURTICE NAME OF SIGNING MANAGING MEMBER, MANAGER, DR AUTHORIZED REPRESENTATIVE

2/8/08

941-366-6660

Daytime Phone #