2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2010
Secretary of State

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Entity Name: COASTAL MOTO LLC

Current Principal Place of Business:

1451 N US HIGHWAY 1, UNIT 22 22
ORMOND BEACH, FL 32174

New Principal Place of Business:

1451 N US HIGHWAY 1, SUITE 15
ORMOND BEACH, FL 32174

Current Mailing Address:

109 CREEK FOREST LANE
ORMOND BEACH, FL 32174

New Mailing Address:

1451 N US HIGHWAY 1, SUITE 15
ORMOND BEACH, FL 32174

FEI Number: 26-2952887 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPILLERS, JASON D
109 CREEK FOREST LANE
ORMOND BEACH, FL 32174 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
Name: SPILLERS, JASON D
Address: 109 CREEK FOREST LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM
Name: SPILLERS, BONNIE L
Address: 109 CREEK FOREST LANE
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 Statues.

SIGNATURE: JASON SPILLERS MGRM 02/25/2010

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