2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000086645

Entity Name: COASTAL COLORS OF FLORIDA LLC

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1890 SOUTH 14TH STREET 1589 MAIN STREET

SUITE 200 ATLANTIC BEACH, FL 32233

FERNANDINA BEACH, FL 32034

City-St-Zip:

New Mailing Address: Current Mailing Address:

301 E BAY STREET 1589 MAIN STREET

SUITE 204 ATLANTIC BEACH, FL 32233 JACKSONVILLE, FL 32202

FEI Number: 26-3348138 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCCRANIE, CHRISTOPHER J MCCRANIE, CHRISTOPHER J 1890 SOUTH 14TH STREET 2801 ST JOHNS BLUFF ROAD SUITE 200 SUITE 4

FERNANDINA BEACH, FL 32034 US JACKSONVILLE, FL 32256 US

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.

City-St-Zip:

JACKSONVILLE, FL 32245

SIGNATURE: 04/15/2009

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

FERNANDINA BEACH, FL 32034

MGRM Title: MGRM () Delete (X) Change () Addition

TREVETT, HARRY R TREVETT, HARRY R Name: Name: 301 E BAY STREET SUITE 204 Address: PO BOX 17833 Address:

City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32245

Title: MGRM () Delete Title: MGRM (X) Change () Addition MOCK, WILLIAM J JR Name: MOCK, WILLIAM J JR Name:

Address: 1890 SOUTH 14TH STREET SUITE 200 Address: PO BOX 17833

Title: MGR () Delete Title: MGR

(X) Change () Addition CITRANO, JIM CITRANO, JIM Name: Name:

301 E BAY STREET SUITE 204 Address: Address: PO BOX 17833 City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32245

Title: MGR () Delete Title: MGR (X) Change () Addition Name: MCCRANIE, CHRISTOPHER J Name: MCCRANIE, CHRISTOPHER J Address: 301 E BAY STREET SUITE 204 Address: PO BOX 17833

City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32245

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: JIM CITRANO 04/15/2009