

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000106968

**FILED**  
**May 29, 2009**  
**Secretary of State****Entity Name:** COASTAL SOTHEBY'S INTERNATIONAL REALTY, LLC**Current Principal Place of Business:**2000 PGA BLVD.  
SUITE 2204  
NORTH PALM BEACH, FL 33408**New Principal Place of Business:**11601 KEW GARDENS AVENUE  
SUITE 101  
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**2000 PGA BLVD.  
SUITE 2204  
NORTH PALM BEACH, FL 33408**New Mailing Address:**11601 KEW GARDENS AVENUE  
SUITE 101  
PALM BEACH GARDENS, FL 33410**FEI Number:** 26-4019063**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HAILE, SHAW & PFAFFENBERGER, P.A.  
660 US HIGHWAY ONE, 3RD FLOOR  
NORTH PALM BEACH, FL 33408 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:** WHITLEY, ROBERT B  
**Address:** 2000 PGA BLVD STE 2204  
**City-St-Zip:** NORTH PALM BEACH, FL 33408**ADDITIONS/CHANGES:****Title:** MGR (X) Change ( ) Addition  
**Name:** GRIFFIN, MARK  
**Address:** 11601 KEW GARDENS AVENUE  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

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: MARK GRIFFIN

MGR

05/29/2009

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