

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000115278

FILED
Feb 11, 2009
Secretary of State

Entity Name: COASTAL CAPITAL TRUST, LLC

Current Principal Place of Business:

1200 W. CASS ST.
STE 150
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

1200 W. CASS ST.
STE. 150
TAMPA, FL 33606

New Mailing Address:

FEI Number: 26-3894370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANDER WEL, GREG
1200 W. CASS ST.
STE 150
TAMPA, FL 33606 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: VANDER WEL, GREG
Address: 1200 W. CASS ST., STE 150
City-St-Zip: TAMPA, FL 33606

Title: MGR () Delete
Name: LEVSKI, MARY J
Address: 1200 W. CASS ST., STE 150
City-St-Zip: TAMPA, FL 33606

Title: MGR () Delete
Name: VANDER WEL, JON
Address: 1200 W. CASS ST., STE 150
City-St-Zip: TAMPA, FL 33606

Title: MGR () Delete
Name: LINOGON, KYLE J
Address: 1200 W. CASS ST., STE 150
City-St-Zip: TAMPA, FL 33606

Title: MGR () Delete
Name: FAUSETTE, ROBERT
Address: 1200 W. CASS ST., STE 150
City-St-Zip: TAMPA, FL 33606

Title: MGR () Delete
Name: BORGIA, FRANK
Address: 1200 W. CASS ST., STE 150
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GREG VANDER WEL

D

02/11/2009

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