

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000117450

Entity Name: COASTAL CAPITAL X, LLC

FILED
Feb 18, 2009
Secretary of State

Current Principal Place of Business:

421A ST ARMANDS CIRCLE
SUITE 605
SARASOTA, FL 34236

New Principal Place of Business:

101 BEN FRANKLIN DRIVE
SARASOTA, FL 34236

Current Mailing Address:

421A ST ARMANDS CIRCLE
SUITE 605
SARASOTA, FL 34236

New Mailing Address:

101 BEN FRANKLIN DRIVE
SARASOTA, FL 34236

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERRITT, BRIAN H
421A ST ARMANDS CIRCLE
SUITE 605
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

HORNBACK, CHARLES A
101 BEN FRANKLIN DRIVE
SARASOTA, FL 34236 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.

SIGNATURE: CHARLES HORNBACK

02/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MERRITT, BRIAN H
Address: 421A ST ARMANDS CIRCLE #605
City-St-Zip: SARASOTA, FL 34236

Title: MGRM (X) Delete
Name: HORNBACK, CHARLES A
Address: 421A ST ARMANDS CIRCLE #605
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HORNBACK, CHARLES A
Address: 101 BEN FRANKLIN DRIVE
City-St-Zip: SARASOTA, FL 34236

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: CHARLES HORNBACK

MGRM

02/18/2009

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