

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000088333

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** COASTAL FOSSIL ADVENTURES LLC

**Current Principal Place of Business:**

4583 DEEP RIVER PLACE  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

4583 DEEP RIVER PLACE  
JACKSONVILLE, FL 32224

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

OWEN, JOHN C III  
4583 DEEP RIVER PLACE  
JACKSONVILLE, FL 32224 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:** MGR  
**Name:** OWEN, JOHN C III  
**Address:** 4583 DEEP RIVER PLACE  
**City-St-Zip:** JACKSONVILLE, FL 32224

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 Statutes.

**SIGNATURE:** JOHN C. OWEN, III

MGR

03/18/2011

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