2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 21, 2008
Secretary of State

DOCUMENT# L97000001140

Entity Name: COASTAL COMMUNICATIONS GROUP, L.C.

Current Principal Place of Business:

16309 S. TAMIAMI TRAIL
FORT MYERS, FL 33908

New Principal Place of Business:

3512M DEL PRADO BLVD
CAPE CORAL, FL 33904

Current Mailing Address:

PO BOX 1027
PENTWATER, MI 49449

New Mailing Address:

3512M DEL PRADO BLVD
CAPE CORAL, FL 33904

FEI Number: 65-0825880 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMSON, RICHARD C
22772 ISLAND PINES WAY
224
FORT MYERS BEACH, FL 33931 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: WILLIAMSON, RICHARD C
Address: 22772 ISLAND PINES WAY
City-St-Zip: BEACH, FL 33931

Title: MGRM ( ) Delete
Name: WILLIAMSON, THOMAS
Address: 570 THIRD AVE
City-St-Zip: PENTWATER, MI 49449

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
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: RICHARD WILLIAMSON MGRM 08/21/2008

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