2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
May 13, 2008 8:00 am
Secretary of State
05-13-2008 90066 042 ***138.75

DOCUMENT # L99000003824

1. Entity Name

INTERCOASTAL INVESTORS, L.L.C.

Principal Place of Business	Mailing Address
ONE SAN JOSE PLACE, SUITE 7 JACKSONVILLE FL 32257	ONE SAN JOSE PLACE, SUITE 7 JACKSONVILLE FL 32257

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3586259 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, HAWLEY V JR. ONE SAN JOSE PL. SUITE 7 JACKSONVILLE FL 32257	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SMEEVE, SMEEVE, SMASH & SMEEVE, L.C.		NAME		
STREET ADDRESS	ONE SAN JOSE PLACE, SUITE 7		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32257		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DUNGEY, MARY LOUISE		NAME		
STREET ADDRESS	12844 BAY PLANTATION DR.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32223		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SMITH, EMILY S		NAME		
STREET ADDRESS	2767 FOREST CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32257		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SMITH, HAWLEY V JR		NAME		
STREET ADDRESS	ONE SAN JOSE PLACE SUITE 7		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	V	☐ Change ☒ Addition
NAME			NAME	TAYLOR C. DAY	
STREET ADDRESS			STREET ADDRESS	ONE SAN JOSE PL. # 7	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE, FL. 32257	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: MaryLouiseDungey Mary Louise Dungey 04/25/08 904-268-9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #