

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003132

Entity Name: COALIANZ, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

10269 SE CRESCENT RIDGE LOOP
PORTLAND, OR 97266

New Principal Place of Business:

852 ISLE POINTE
SANFORD, FL 32771

Current Mailing Address:

10269 SE CRESCENT RIDGE LOOP
PORTLAND, OR 97266

New Mailing Address:

852 ISLE POINTE
SANFORD, FL 32771

FEI Number: 93-1306952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHEROS, GEORGE
866 CARDINAL POINTE COVE
SANFORD, FL 32771 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: JAMES, CHRISTOPHER
Address: 10269 SE CRESCENT RIDGE
City-St-Zip: PORTLAND, OR 97266

Title: MGRM () Delete
Name: CHEROS, GEORGE
Address: 866 CARDINAL POINTE COVE
City-St-Zip: SANFORD, FL 32771

Title: MGRM () Delete
Name: WENDT, ERIK
Address: 10269 SE CRESCENT RIDGE
City-St-Zip: PORTLAND, OR 97266

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: WENDT, ERIK
Address: 852 ISLE POINTE
City-St-Zip: SANFORD, FL 32771

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: GEORGE CHEROS

MGRM

04/29/2009

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