

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001173

FILED
Jul 15, 2008
Secretary of State

Entity Name: COASTLINE MORTGAGE, LLC

Current Principal Place of Business:

3000 RIVERCHASE GALLERIA, STE 755
BIRMINGHAM, AL 35244

New Principal Place of Business:

ONE PERIMETER PARK SOUTH
SUITE 130-S
BIRMINGHAM, AL 35243

Current Mailing Address:

3000 RIVERCHASE GALLERIA, STE 755
BIRMINGHAM, AL 35244

New Mailing Address:

ONE PERIMETER PARK SOUTH
SUITE 130-S
BIRMINGHAM, AL 35243

FEI Number: 20-0462533 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:

Name and Address of New Registered Agent:

COMPLIANCE CONSULTING CORP OF FLORIDA
521 LAKE AVE, STE 4
LAKE WORTH, FL 33460 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHENAULT, BEN
Address: 1028 BLUE HERON POINT
City-St-Zip: BIRMINGHAM, AL 35242

Title: MGR () Delete
Name: MCFADDEN, SCOTT
Address: 5248 LAKE CREST CIRCLE
City-St-Zip: BIRMINGHAM, AL 34226

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: BEN CHENAULT

MGR

07/15/2008

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