

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M97000000671

Entity Name: COASTAL CREDIT, L.L.C.

**FILED**  
**Jan 17, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

3852 VIRGINIA BEACH BLVD.  
VIRGINIA BEACH, VA 23452

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9410  
VIRGINIA BEACH, VA 234509410

**New Mailing Address:**

FEI Number: 54-1859286

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: WHITE RIVER CAPITAL., INC  
Address: 250 N SHADELAND AVE  
City-St-Zip: INDIANAPOLIS, IN 46219

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WHITE RIVER CAPITAL., INC  
Address: 1445 BROOKVILLE WAY, STE I  
City-St-Zip: INDIANAPOLIS, IN 46239

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: WILLIAM E. MCKNIGHT

PRES

01/17/2008

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