

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000020130

**Entity Name:** TKH COASTAL PROPERTY INVESTMENTS, LLC

**Current Principal Place of Business:**

THEODORE G. PHELPS, RECEIVER C/O PCG CONSULTANTS  
11400 W. OLYMPIC BLVD. 200  
LOS ANGELES, CA 90064

**Current Mailing Address:**

THEODORE G. PHELPS, RECEIVER  
12405 VENICE BLVD. 6  
LOS ANGELES, CA 90066 US

**FEI Number:** 42-6659393

**Certificate of Status Desired:** Yes

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

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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

**Authorized Person(s) Detail :**

Title MGRM  
Name TALLEN, TERRENCE  
Address 6219 RAMIREZ MESA DRIVE  
City-State-Zip: MALIBU CA 90265

Title MGRM  
Name KESHEN, MARY ANNE ESQ  
Address 6219 RAMIREZ MESA DRIVE  
City-State-Zip: MALIBU CA 90265

Title RECEIVER  
Name PHELPS, THEODORE G  
Address THEODORE G. PHELPS, RECEIVER  
12405 VENICE BLVD. 6  
City-State-Zip: LOS ANGELES CA 90066

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THEODORE G. PHELPS

RECEIVER

03/22/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date