
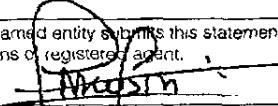


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
Feb 24, 2006 08:00 AM  
Secretary of State

<b>DOCUMENT # L01000010728</b> 1. Entity Name <b>BLUE COAST INTERNATIONAL II, L.L.C.</b>					
Principal Place of Business <b>2853 EXECUTIVE PARK DR 104 WESTON FL 33331</b>		Mailing Address <b>2853 EXECUTIVE PARK DR 104 WESTON FL 3331</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-1118969</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FERNANDO, DACOSTA 2853 EXECUTIVE PARK DR 104 WESTON FL 33331</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City	
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.				Applied For (Not Applicable)  1st MOORE CR2E083 (10/05)	
SIGNATURE 				DATE <b>02/16/06</b>	

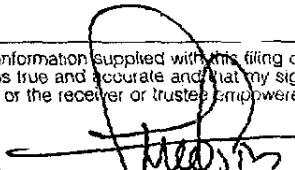


**FILE NOW!!! FEE IS \$50.00**  
 Make Check Payable to Florida Department of State  
 Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	DACOSTA, FERNANDO			NAME			
STREET ADDRESS	2853 EXECUTIVE PARK DR. SUITE 104			STREET ADDRESS			
CITY-ST-ZIP	WESTON FL 33331			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	DACOSTA, LUZ			NAME			
STREET ADDRESS	2853 EXECUTIVE PARK DR SUITE 104			STREET ADDRESS			
CITY-ST-ZIP	WESTON FL 33331			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

L00000445354  
03/07/06-80040-018 55.00

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE: **02/16/2006** (954) 660-0172