

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000010728 1. Entity Name BLUE COAST INTERNATIONAL II, L.L.C.					
Principal Place of Business 1911 NW 150TH AVE. SUITE 104 PEMBROKE PINES, FL 33027			Mailing Address 1911 NW 150TH AVE. SUITE 104 PEMBROKE PINES, FL 33027		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip 33028 Country		City & State Zip 33028 Country		01312007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 65-1118969				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FERNANDO, DACOSTA 1911 NW 150TH AVE. SUITE 104 PEMBROKE PINES, FL 33027			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 33028		
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.					
SIGNATURE			DATE 2-1-07		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DACOSTA, FERNANDO 1911 NW 150TH AVE. SUITE 104 PEMBROKE PINES, FL 33027		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Pembroke Pines, FL 33028	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DACOSTA, LUZ 2853 EXECUTIVE PARK DR SUITE 104 WESTON, FL 33331		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MGRM Luz DaCosta 1911 NW 150 Ave Suite 104 Pembroke Pines, FL 33028	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000623883 02/14/07-80008-002 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE			Date 2-1-07 Daytime Phone # 954-934-4220		