

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90154 016 ****50.00

DOCUMENT # L01000021811

1. Entity Name

BIJOU COASTAL DEVELOPMENT LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4507 FURLING LANE

Suite, Apt. #, etc.

Suite # 213

City & State

Destin, FLORIDA

Zip

32541

Country

USA

3. Mailing Address

P.O. BOX 5708

Suite, Apt. #, etc.

City & State

Destin, FLORIDA

Zip

32540

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

22-3849647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES A. SHARPE, JR. (JAS)

Street Address (P.O. Box Number is Not Acceptable)

4507 FURLING LANE

SUITE # 213

City

DESTIN

FL

Zip Code

32541

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

JAMES A. SHARPE, JR. (JAS)
MANAGING MEMBER

DATE

4-11-02

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Michael O. Gibson
308 Calle Escada
Santa Rosa BEACH, FL 32459

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
James A. Sharpe, JR.
165 Crest DRIVE
Destin, FLORIDA 32550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

JAMES A. SHARPE, JR. (JAS)
MANAGING MEMBER

Date

Daytime Phone #

4-11-02 850-654-4550

CR2E083B (12/01)