

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90172 015 ****50.00

DOCUMENT # L01000021811

1. Entity Name
BIJOU COASTAL DEVELOPMENT LLC



Principal Place of Business
~~4507 FURUNG LANE~~ ~~STE #212~~ ~~DESTIN, FL 32541~~ US
45 INDIGO LOOP
DESTIN, FL 32550

Mailing Address
~~PO BOX 5708~~
~~DESTIN, FL 32540~~ US
P.O. BOX 4783
FT. WALTON BCH, FL 32549



01132004 No Chg-LLC

CR2E083 (10/03)

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

6. Name and Address of Current Registered Agent

GIBSON, MICHAEL O
337 CALHOUN AVE
DESTIN, FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GIBSON, MICHAEL O
STREET ADDRESS	PO BOX 4783
CITY-ST-ZIP	FT. WALTON BEACH, FL 32549
TITLE	MGRM
NAME	STEINER, MICHELE W
STREET ADDRESS	337 CALHOUN AVE
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MICHAEL O. GIBSON

2/11/04

850-585-9748