2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000021811

1. Entity Name
BIJOU COASTAL DEVELOPMENT LLC

Principal Place of Business
45 INDIGO LOOP
DESTIN, FL 32550 US

Mailing Address
PO BOX 4783
FORT WALTON BEACH, FL 32549 US

07222005No 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

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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 September 7, 2005

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	
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NAME	
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CITY-ST-ZIP	

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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.

850-830-6561

SIGNATURE: Shannon S. Carr - SHANNON S. CARR 7-29-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #