


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 24, 2006 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # L01000021811 1. Entity Name BIJOU COASTAL DEVELOPMENT LLC |  |
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|--|--|
| Principal Place of Business 45 INDIGO LOOP DESTIN, FL 32550 US | Mailing Address PO BOX 4783 FORT WALTON BEACH, FL 32549 US |
|--|--|

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08202006 No Chg-LLC

CR2E083 (11/05)

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|---|--|
| 4. FEI Number 22-3849647 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 reappointing) DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

| B. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GIBSON, MICHAEL O PO BOX 4783 FT. WALTON BEACH, FL 32549 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM STEINER, MICHELE W 337 CALHOUN AVE DESTIN, FL 32541 |
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U000000575241
08/24/06-80006-021 50.00

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IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE: *Shannon S. Carr - Bookkeeper* **0-18-06** **850-729-1835**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #