

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 02, 2007 08:00  
Secretary of Stat**

**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**



**03192007 No Chg-LLC**

**CR2E083 (11/05)**

**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 renewing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**U00000687615  
04/10/07-80046-014 50.00**

**B. 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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CITY-ST-ZIP**

**TITLE  
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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 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:**

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

Date

Daytime Phone #

*Michael O. Gibson* **Michael O. Gibson** **3/31/07**

**850585-9748**