
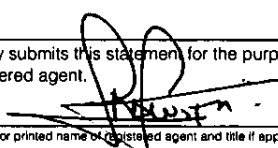
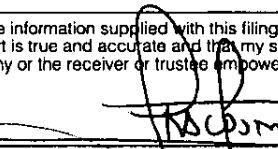


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90105 008 ***138.75

DOCUMENT # L02000015919 1. Entity Name BLUE COAST CONSTRUCTION GROUP LLC					
Principal Place of Business 1911 N.W. 150TH AVE. SUITE 104 PEMBROKE PINES, FL 33027			Mailing Address 1911 N.W. 150TH AVE. SUITE 104 PEMBROKE PINES, FL 33027		
2. Principal Place of Business - No P.O. Box # 1911 NW 150 Ave		3. Mailing Address 1911 NW 150 Ave			
Suite, Apt. #, etc. 104		Suite, Apt. #, etc. 104			
City & State Pembroke Pines FL		City & State Pembroke Pines FL			
Zip 33028		Country USA		4. FEI Number 11-3680071	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent DACOSTA, FERNANDO MR 1911 N.W. 150TH AVE. SUITE 104 PEMBROKE PINES, FL 33027			7. Name and Address of New Registered Agent Name DaCosta Fernando Street Address (P.O. Box Number is Not Acceptable) 1911 NW 150 Ave Suite 104 City Pembroke Pines FL Zip Code 33028		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 2/25/08		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DACOSTA, FERNANDO 1911 N.W. 150TH AVE. SUITE 104 PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE 2/25/08		