

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000023860		
1. Entity Name BLUE COAST DEVELOPERS LLC		

Principal Place of Business 2853 EXECUTIVE PARK DR 104 WESTON FL 33331	Mailing Address 2853 EXECUTIVE PARK DR 104 WESTON FL 33331
---	---



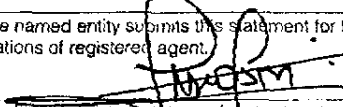
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 14-1848468	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DA COSTA, FERNANDO 2853 EXECUTIVE PARK DR. SUITE 104 WESTON FL 33331	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

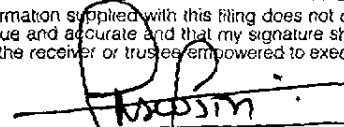
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 02-16-2006

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006	
--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLUE COAST INTERNATIONAL, L.L.C. 2853 EXECUTIVE PARK DR., SUITE 104 WESTON FL 33331-3603 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000445346 ☐ Change ☐ Add 03/07/06-80040-015 55.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM METAL-EAGLE II, L.L.C. 2853 EXECUTIVE PARK DR., SUITE 104 WESTON FL 33331-3603 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE 02/16/06 (954).660.0172