2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 14, 2005 8:00 am Secretary of State DOCUMENT # L02000026758 1. Entity Name 02-14-2005 90174 014 ****50 00 BLUE COAST HOLDINGS, LLC Principal Place of Business Mailing Address 2100 S. OCEAN LANE 2100 S. OCEAN LANE APT. 2009 FT. LAUDERDALE FL 33316-3827 APT. 2009 FT. LAUDERDALE FL 33316-3827 2. Principal Place of Business 3. Mailing Address 824 YEFFERSON AVE. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) UNIT 4. FEI Number City & State City & State Applied For 01-0745368 Not Applicable Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAILEY, JEFFREY S ESQ. 1111 KANE CONCOURSE SUITE 607 **BAY HARBOR ISLAND FL 33154** 8. The above named entity submits this statement for the purpose of changing its registered office or register ed agent, or both, in the State of Florida. the obligations of registered age SIGNATURE (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. TITLE **MGRM** Delete TITLE Change Addition VAN VLIERBERGHE, SANDRINE NAME NAME STREET ADDRESS 2100 S. OCEAN LN. APT. 2009 SURFET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33316 CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED