FILED
May 05, 2004 8:00 am
Secretary of State
04-16-2004 90408 014 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000017821

1. Entity Name
BICOASTAL REAL ESTATE INVESTMENTS, LLC

Principal Place of Business	Mailing Address
22409 SIESTA KEY DRIVE BOCA RATON, FL 33428-4755	22409 SIESTA KEY DRIVE BOCA RATON, FL 33428-4755

34005224

2. Principal Place of Business		3. Mailing Address C/O BLAKESBERG & CO CPAS	
Suite, Apt. #, etc.		Suite, Apt. #, etc. ~~951 SW 4TH AVE~~	
City & State		City & State BOCA RATON, FL	
Zip	Country	Zip 33432	Country

04032004 Chg-LLC CR2E083 (10/03)

4. FEI Number 86-1065326 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLAKESBERG, JON D % BLAKESBURG & COMPANY CPA'S 951 SW 4TH AVENUE BOCA RATON, FL 33432-5803	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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WALTERS, GLENN E 22409 SIESTA KEY DRIVE BOCA RATON, FL 334284755	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WALTERS, DEBRA A 22409 SIESTA KEY DRIVE BOCA RATON, FL 334284755	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Glenn Walters President 4/7/04 561 477-0124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE: GLENN WALTERS PRESIDENT — Date — Daytime Phone #