



**2006.LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000017821		
1. Entity Name BICOASTAL REAL ESTATE INVESTMENTS, LLC		
Principal Place of Business 22409 SIESTA KEY DRIVE BOCA RATON, FL 33428-4755	Mailing Address C/O BLAKESBERG & CO CPAS 951 SW 4TH AVE BOCA RATON, FL 33432	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BLAKESBERG, JON D % BLAKESBURG & COMPANY CPA'S 951 SW 4TH AVENUE BOCA RATON, FL 33432-5803		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WALTERS, GLENN E 22409 SIESTA KEY DRIVE BOCA RATON, FL 334284755	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WALTERS, DEBRA A 22409 SIESTA KEY DRIVE BOCA RATON, FL 334284755	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 REGISTERED AGENT, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		



04112006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
86-1065326

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1100000515753
04/29/06-80225-004 50.00

**DO NOT WRITE
IN THIS SPACE**

4-10-06 (561) 477-0124