

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 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



04052007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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 Debra A. Walters *error* **(Dw)**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-7-07 *error* **(Dw)**

DATE

Filing Fee is \$50.00
Due by May 1, 2007

000000709197
04/24/07-80144-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM
NAME	WALTERS, GLENN E
STREET ADDRESS	22409 SIESTA KEY DRIVE
CITY- ST- ZIP	BOCA RATON, FL 334284755
TITLE	MEM
NAME	WALTERS, DEBRA A
STREET ADDRESS	22409 SIESTA KEY DRIVE
CITY- ST- ZIP	BOCA RATON, FL 334284755
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Debra A. Walters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-7-07

Date

(561) 477-0124

Daytime Phone #