


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000017821 1. Entity Name BICOASTAL REAL ESTATE INVESTMENTS, LLC	
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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
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DO NOT WRITE IN THIS SPACE



03202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 86-1065326	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

UN00000881196
04/15/08-80091-014 138.75

9. MANAGING MEMBERS/MANAGERS	
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
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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: Glenn A. Walters Debra A. Walters 03/30/08 (561) 477-0124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #