
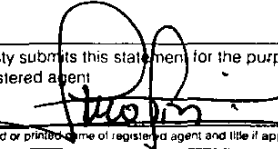
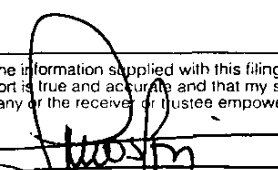


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90197 028 ****50.00

DOCUMENT # L03000049088			
1. Entity Name BLUE COAST GROUP, LLC			
Principal Place of Business 2853 EXECUTIVE PARK DRIVE SUITE 104 WESTON, FL 33331-3603 US		Mailing Address 2853 EXECUTIVE PARK DRIVE SUITE 104 WESTON, FL 33331-3603 US	
2. Principal Place of Business - No P.O. Box # 1911 NW 150 Ave		3. Mailing Address 1911 NW 150 Ave	
Suite, Apt. #, etc. 104		Suite, Apt. #, etc. 104	
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL	
Zip 33028 Country US		Zip 33028 Country US	
4. FEI Number 56-2419531		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 DACOSTA, FERNANDO 1911 NW 150 AVE STE B-1 PEMBROKE PINES, FL 33027		7. Name and Address of New Registered Agent Name Fernando DaCosta Street Address (P.O. Box Number is Not Acceptable) 1911 NW 150 Ave Suite 104 City Pembroke Pines FL Zip Code 33028	
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 		DATE 2-1-07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DACOSTA, FERNANDO <input type="checkbox"/> Delete 2853 EXECUTIVE PARK DR. SUITE 104 WESTON, FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Fernando DaCosta <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1911 NW 150 Ave Suite 104 Pembroke Pines, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 		DATE 2-1-07 951-436-4220	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	