2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 05, 2007 08:00 AM

DOCUMENT # L06000069955 1. Entity Name BLUE COAST AT COUNTY LINE, LLC				Secretary of Stat		
1911 NW 15 Suite B-1 Pembroke	PINES, FL 33027 US	Mailing Address 1911 NW 150 AVE SUITE B-1 PEMBROKE PINES, FL 3	33027 US	- 1 I Canien dii Perse disi desi deni desk denia enko ignic itar enal enko is		
2. Principal Place of Business - No P.O Box #		3. Mailing Address				
Suite, Apt. #, etc. 104		Suite, Apt. #, etc. 104		01312007 Chg-LLC CR2E083 (12/06)		
City & State		City & State		4. FE) Number 20-5298123 Applied For Not Applicable		
Zip 33	028 Country	^{Zip} 33028	Country	5. Certificate of Status Desired S5.00 Additional Fee Required		
	6. Name and Address of Current I	Registered Agent	\$ to me	7. Name and Address of New Registered Agent		
MORALES, ADRIAN J			Name			
1911 NW 1 SUITE B-1	i –		Street Add	dress (P.O. Box Number is Not Acceptable)		
PEMBRO	KE PINES, FL 33027					
	$ \langle - \rangle \langle$		City	FL Zip Cod 33028		
the obligat	tions of registered agent	•	egistered office or re	registered agent, or both, in the State of Florida. I am familiar with, and accept $\Im -I -O 7$		
	Signature, lyped or printed name of registered agent a	nd little it applicable, (NOTE-	Registered Agent signature	a required when reinstating) DATE		
Filing Fee Is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State		
9.	MANAGING MEMBER		10.	ADDITIONS/CHANGES		
TITLE Name	MGRM DACOSTA, FERNANDO	☐ Delete	TITLE NAME	☐ Change ☐ Addition U00006622750		
STREET ADDRESS CITY-ST-ZIP	1911 N W 150 AVE SUITE B-1 PEMBROKE PINES, FL 33027		STREET ADDRESS CITY-ST-ZIP	02/13/07-80038-015 50.00		
TITLE NAME	MGR DACOSTA, LUZ	☐ Delete	TITLE	☐ Change ☐ Addition		
STREET ADDRESS	1911 NW 150 AVE SUITE B-1		NAME STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33027		CITY-ST-ZIP			
NAME STREET ADDRESS : City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addilion		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ Change ☐ Addition		
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 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.						
SIGNAT	SIGNATURE AND TYPED OF PRINTED NAME OF	SIGNING MANAGING MEMBER, MANAG	BER, OR AUTHORIZED RE			