
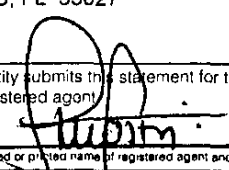
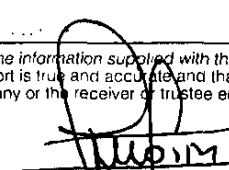


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000069955</b> 1. Entity Name <b>BLUE COAST AT COUNTY LINE, LLC</b>					
Principal Place of Business <b>1911 NW 150 AVE SUITE B-1 PEMBROKE PINES, FL 33027 US</b>			Mailing Address <b>1911 NW 150 AVE SUITE B-1 PEMBROKE PINES, FL 33027 US</b>		
2. Principal Place of Business - No P.O. Box # <b>104</b>		3. Mailing Address <b>104</b>			
Suite, Apt. #, etc. <b>104</b>		Suite, Apt. #, etc. <b>104</b>			
City & State <b>33028</b>		City & State <b>33028</b>			
Zip <b>33028</b>		Country <b>US</b>		4. FEI Number <b>20-5298123</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MORALES, ADRIAN J 1911 NW 150 AVE SUITE B-1 PEMBROKE PINES, FL 33027</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code <b>(33028)</b></span> </div>		
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:  <div style="float: right; text-align: right;"> <b>2-1-07</b>  <small>DATE</small> </div>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DACOSTA, FERNANDO 1911 N W 150 AVE SUITE B-1 PEMBROKE PINES, FL 33027</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DACOSTA, LUZ 1911 NW 150 AVE SUITE B-1 PEMBROKE PINES, FL 33027</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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:  <div style="float: right; text-align: right;"> <b>2-1-07</b>  <small>DATE</small> </div>					