

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90105 007 \*\*\*138.75

**DOCUMENT # L06000069955**

1. Entity Name  
**BLUE COAST AT COUNTY LINE, LLC**



Principal Place of Business  
**1911 NW 150 AVE  
SUITE B-1  
PEMBROKE PINES, FL 33027 US**

Mailing Address  
**1911 NW 150 AVE  
SUITE B-1  
PEMBROKE PINES, FL 33027 US**

**60011370**



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**

01292008 Chg-LLC CR2E083 (12/06)

City & State  
**Pembroke Pines FL**

City & State  
**Pembroke Pines FL**

Zip  
**33028**

Country  
**USA**

Zip  
**33028**

Country  
**USA**

4. FEI Number  
**20-5298123**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MORALES, ADRIAN J  
1911 NW 150 AVE  
SUITE B-1  
PEMBROKE PINES, FL 33027**

**7. Name and Address of New Registered Agent**

Name  
**Morales Adrian J.**

Street Address (P.O. Box Number is Not Acceptable)  
**1911 NW 150 Ave**

Suite 104

City  
**Pembroke Pines**

FL

Zip Code

8. The above named entity sut  
the obligations of registerec

se of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

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

(NOTE: Registered Agent signature required when reinstating)

**2/25/08**

DATE

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

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM  
DACOSTA, FERNANDO  
1911 N W 150 AVE SUITE B-1  
PEMBROKE PINES, FL 33027**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGR  
DACOSTA, LUZ  
1911 NW 150 AVE SUITE B-1  
PEMBROKE PINES, FL 33027**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

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STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM  
Fernando DaCosta  
1911 NW 150 Ave Suite 104  
Pembroke Pines FL 33028**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM  
DaCosta, Luz  
1911 NW 150 Ave Suite 104  
Pembroke Pines FL 33028**

☒ Change ☐ Addition

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☐ 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

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

**2/25/08**

Date

Daytime Phone #