2008 LIMITED-LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000116089

1. Entity Name BI-COASTAL HOLDINGS, LLC



FILED Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business

1300 CITIZENS BLVD., SUITE 300 LEESBURG, FL 34748

Mailing Address

1300 CITIZENS BLVD., SUITE 300 LEESBURG, FL 34748



DO NOT WRITE IN THIS SPACE

03122008No Chg-LLC CR2

CR2E083 (12/07)

4. FEI Number 20-5995957

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOWMAN, WILLIAM R JR, ESQ SHUFFIELDLOWMAN 1000 LEGION PLACE, SUITE 1700 ORLANDO, FL 32801

DO NOT WRITE 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. It	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

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREGG-STRIMENOS, GAIL 1048 STRIMENOS LN. LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EMACK, JEANNIE G 7272 A1A SOUTH ST. AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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. Desce STRANGE

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314-3340

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

Date

Daytime Phone #