


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90305 034 \*\*\*\*50.00

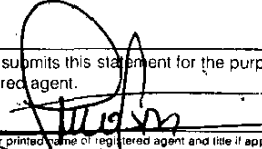
<b>DOCUMENT # L99000001189</b>	
1. Entity Name <b>BLUE COAST HOMES INTERNATIONAL, LLC</b>	

Principal Place of Business <b>1911 NW 150TH AVE, SUITE 104 PEMBROKE PINES, FL 33027</b>	Mailing Address <b>1911 NW 150TH AVE, SUITE 104 PEMBROKE PINES, FL 33027</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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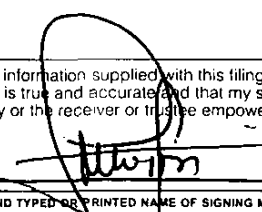
City & State  Zip <b>33028</b> Country	City & State  Zip <b>33028</b> Country
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6. Name and Address of Current Registered Agent  <b>DA COSTA, FERNANDO 2853 EXEC PARK DR. SUITE 104 WESTON, FL 33331</b>	
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7. Name and Address of New Registered Agent Name <b>Fernando DaCosta</b> Street Address (P.O. Box Number is Not Acceptable) <b>1911 NW 150 Ave</b> <b>Suite 104</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33028</b>	
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 <b>2-1-07</b>

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P DA COSTA, FERNANDO 2853 EXECUTIVE DR. SUITE 104 WESTON, FL 333313603</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM Fernando DaCosta 1911 NW 150 Ave Suite 104 Pembroke Pines, FL 33028</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD DACOSTA, LUZ 2853 EXECUTIVE PARK DRIVE SUITE 104 WESTON, FL 333313603</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM Luz DaCosta 1911 NW 150 Ave Suite 104 Pembroke Pines, FL 33028</b> <input checked="" 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
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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 <b>02-01-2007</b>

60014111



01312007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>65-0906988</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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