

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000006009

1. Entity Name
TRICOASTAL DEVELOPMENT, L.L.C.



Principal Place of Business
5365 E. CO. HWY 30-A
SUITE 105
SEAGROVE BEACH, FL 32459

Mailing Address
5365 E. CO. HWY 30-A
SUITE 105
SEAGROVE BEACH, FL 32459

DO NOT WRITE IN THIS SPACE



04262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3622728

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANKLIN H. WATSON, P.A.
5365 E. HWY 30-A
SUITE 105
SEAGROVE BEACH, FL 32459

**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. I 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 _____

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
IGOU, DEVON
297 CAMPBELL STREET
SEAGROVE BEACH, FL 32459

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BEAUCHAMP, KRYSTAL
80 CULLMAN AVE.
SEAGROVE BEACH, FL 32459

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WATSON, FRANKLIN H
5365 E. CO. HWY 30-A SUITE 105
SEAGROVE BEACH, FL 32459

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000138605
04/29/04-80087-007 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/26/04