


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000006009</b> 1. Entity Name TRICOASTAL DEVELOPMENT, L.L.C.	
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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
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07232007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3622728	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  FRANKLIN H. WATSON, P.A. 5365 E. HWY 30-A SUITE 105 SEAGROVE BEACH, FL 32459
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**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 September 14, 2007**

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 665 9WESTERN LAKE DR SANTA ROSA 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
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09/13/07-80006-019 50.00

**DO NOT WRITE  
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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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/6/07