Washington, D.C. 20549

			TATEMENT OF BEI SECURI	TIES			Expires: Estimated av burden hours	verage	y 31, 2005
		on 17(a) of	to Section 16(a) of the the Public Utility Hold D(h) of the Investment (	ing Company	Act of 193		response		0.5
(Print or Type Re	esponses)								
1. Name and Address of Reporting Person <u>*</u> MELLON HBV ALTERNATIVE STRATEGIES LLC			2. Date of Event Requiring Statement3. Issuer Name and Ticker or Trading Syn CALIFORNIA COASTAL COMN [CALC]10/05/2005[CALC]				NC		
(Last)	(First)	(Middle)					Amendment, Date Original (Month/Day/Year)		
200 PARK AVE, 54TH FLOOR			(Check all applicable)						
	(Street)			Director Officer (give title below	Othe	r Filing ow) _X_F	lividual or Joint/ g(Check Applicabl form filed by One	le Line)	<b>P</b>
NEW YORK, NY 10166-3399							n orm filed by More ting Person	than One	e
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Beneficially Owned						
1.Title of Securi (Instr. 4)	ty		2. Amount o Beneficially (Instr. 4)	of Securities Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Ownership (Instr. 5)	Indirect Benefic	ial	
Common Sto	ck		1,062,821	(2) (3)	Ι	investmen	Reporting Pe t advisor and d in Footnote	agent	to

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

CALIFORNIA COASTAL COMMUNITIES INC

Form 3

October 17, 2005

FORM 3

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0104 Number: 1, )5

## SEC 1473 (7-02)

OMB APPROVAL

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date		Amount or Number of Shares	Derivative Security: Security Direct (D	Security: Direct (D) or Indirect (I)		

## **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
MELLON HBV ALTERNATIVE STRATEGIES LLC 200 PARK AVE 54TH FLOOR NEW YORK, NY 10166-3399	Â	ÂX	Â	Â	
Signatures					
/s/ William F. Harley, III, President & Chief Executive Officer		10/17/2005			
**Signature of Reporting Person	Date				

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

The Reporting Person serves as investment advisor and agent for Mellon HBV Master Global Event Driven Fund LP, Mellon HBV Master Rediscovered Opportunities Fund LP, Axis RDO Ltd., Distressed Recovery Master Fund Ltd., Mellon HBV Master US Event

- Master Rediscovered Opportunities Fund LF, Axis RDO Ltd., Distressed Recovery Master Fund Ltd., Menon HBV Master US Event Driven Funds LP and Lyxor/Mellon HBV Rediscovered Opportunity Fund Ltd. The Reporting Person exercises voting and dispository power over all such shares.
- (2) The Reporting Person exercises voting and dispository power of all such shares.

Item no. 2 Table I, the Amount of Securities Beneficially Owned, sets forth the aggregate number of shares beneficially owned by the

(3) Reporting Person following the reported transaction as a result of the Reporting Person's ability to exercise voting and dispository power over the shares reported herein.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.