

5/8/2

FILED
May 30, 2002 8:00 am
Secretary of State

05-08-2002 90078 003 ****50.00

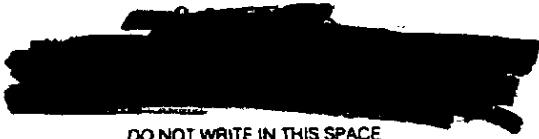
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000009364**

1. Entity Name
GULFCOAST PETROLEUM EXPLORATION & DEVELOPMENT, L.L.C.

Principal Place of Business
**501 GOODLETTE ROAD, SUITE A204
NAPLES FL 34102**

Mailing Address
**501 GOODLETTE ROAD, SUITE A204
NAPLES FL 34102**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
201 Muir Field Circle

3. Mailing Address
201 Muir Field Circle

City & State
Naples Florida

City & State
Naples, FL

4. FEI Number **APPLIED FOR**
59-3661696

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SPINELLA, CARMEN J
501 GOODLETTE ROAD, SUITE A204
NAPLES FL 34102**

7. Name and Address of New Registered Agent
Name **Louis, DiAgostino, % Chiffy Residencial**
Street Address (P.O. Box Number is Not Acceptable)
Wilson + Johnson
921 East Ave South Suite 201
City **Naples** FL Zip Code **34102**

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.
SIGNATURE DATE **4-8-02**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SPINELLA, CARMEN J 501 GOODLETTE ROAD, SUITE A204 NAPLES FL 34102 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GULFCOAST INVESTMENTS & ASSOCIATES 201 Muir Field Circle NAPLES FL 34113 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DATE **4-8-02** **941-403-0291**

CR2E083 (9/01)