

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90023 017 ****50.00

DOCUMENT # L03000001472					
1. Entity Name GULF COAST ACRES, LLC					
Principal Place of Business 5350 SPRING HILL DRIVE SPRING HILL, FL 34606			Mailing Address 5350 SPRING HILL DRIVE SPRING HILL, FL 34606		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-076 4619	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SINGH, PARIKSITH SINGH, PARIKSITH 5350 SPRING HILL DRIVE SPRING HILL, FL 34606			7. Name and Address of New Registered Agent Name: <u>AGNES AUGELLO</u> Street Address (P.O. Box Number is Not Acceptable): <u>5350 SPRING HILL DR</u> City: <u>SPRING HILL</u> FL <u>34606</u>		
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: <u>Agnes Augello</u> <u>AGNES AUGELLO</u> <u>3/15/04</u> Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M PARIKSITH SINGH 5350 SPRING HILL DRIVE SPRING HILL, FL 34606		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ 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: <u>PARIKSITH SINGH</u>			Date: <u>(352) 688-8116</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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