


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008 08:00 AM
Secretary of State


DOCUMENT # L06000066365

1. Entity Name
 GULF SHORE RENOVATORS, LLC



Principal Place of Business 3100 GULF SHORE BLVD. N. 503 NAPLES, FL 34103 US	Mailing Address 3100 GULF SHORE BLVD. N. 503 NAPLES, FL 34103 US
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DO NOT WRITE IN THIS SPACE



01232008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5326915	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUDSON, COURTENAY A II
 3100 GULF SHORE BLVD. N.
 503
 NAPLES, FL 34103

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

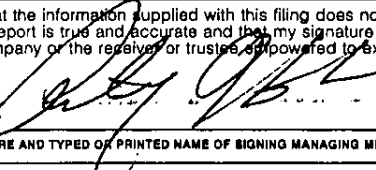
B. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUDSON, COURTENAY A II 3100 GULF SHORE BLVD. N. #503 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR WOBBECKE-HUDSON, JANET E 3100 GULF SHORE BLVD. N. #503 NAPLES, FL 34103
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 02/21/08-80049-001-138.75

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, or empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Courtenay A. Hudson Date: 1/28/08 Daytime Phone #: (239) 435-7785

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #