2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered

FILED Apr 07, 2008 08:00 Al Secretary of State

DOOL HARRIS	T !!! 05000000475
1 16 16 1 1 1 1 M 1 1 1 1 1 1 1 1 1 1 1	1 # 1 1150101010101175
DOCUMEN	T # L05000060175
	· · · · · · · · · · · · · · · · · · ·

1. Entity Name

10970 3RD AVE GULF, LLC



Principal Place of Business

Mailing Address

1395 THIRD STREET SOUTH NAPLES, FL 34102 US 1395 THIRD STREET SOUTH NAPLES, FL 34102 US



01142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-3079020		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

GULLIFORD, JOHN T 1395 THIRD STREET SOUTH NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE

the obligat	tions of registered agent.	ging to registered ented of registered agent, or both,	The State Of Toriba. Tall familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstaling)	DATE	
After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			-
9	MANAGING MEMBERS/MANAGERS		THE BOOK COME THE PROPERTY OF THE	r.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GULLIFORD, JOHN T 1037 FIFTH AVE, N NAPLES, FL 34102			** ** ** ** ** ** ** ** ** ** ** ** **
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000884334 04/17/08-80039-022 138.75	
TITLE NAME STREET ADDRESS CITY+ST-ZIP		DO	NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP			HIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Smell or
TITLE NAME STREET ADDRESS CITY-ST-ZIP		The state of the s		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. (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 frustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR ANTHORIZED REPRESENTATIVE

4/2/06 Date

934-9P3-455A

Daytime Phone #