

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **10000004880**  
 1. Entity Name **Gulf Development Property LLC**

Principal Place of Business Mailing Address

2. Principal Place of Business **4000 Emerald Coast Pkwy**  
 Suite, Apt. #, etc.

3. Mailing Address **4000 Emerald Coast Pkwy**  
 Suite, Apt. #, etc.

City & State **Destin Florida**  
 Zip **32541** Country **USA**

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 Zip **32541** Country **USA**

4. FEI Number **59-3651336**  
 Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**Dana Mathews**  
**Mathews & Hawkins PA**  
**607 Hwy 98 East**  
**Destin Florida 32541**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**300004560233--8**  
**-08/28/01--01064--026**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MEMBERS		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<b>MANAGER, MEMBER</b>	
CITY-ST-ZIP	<b>SOUTHERN STRAND DEVELOPMENT, INC.</b>	
	<b>184 TWELVE OAKS LANE</b>	
	<b>FREEPORT, FL 32439</b>	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<b>MEMBER, MANAGER</b>	
CITY-ST-ZIP	<b>GULF DEVELOPMENT PROPERTY, INC.</b>	
	<b>4000 EMERALD COAST PKWY</b>	
	<b>DESTIN FL 32541</b>	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: **[Signature]** **6/27/01** **(850) 654-7211**

**FILED**  
**2001 AUG 24 AM 8:57**  
**DIVISION OF CORPORATIONS**  
**TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)