

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011211

FILED
Jan 17, 2008
Secretary of State

Entity Name: GUMBO LIMBO MANAGEMENT & DEVELOPMENT, L.L.C.

Current Principal Place of Business:

10150 METRO PARKWAY
FORT MYERS, FL 33912

New Principal Place of Business:

10150 METRO PARKWAY
FORT MYERS, FL 33966

Current Mailing Address:

10150 METRO PARKWAY
FORT MYERS, FL 33912

New Mailing Address:

10150 METRO PARKWAY
FORT MYERS, FL 33966

FEI Number: 65-1040634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, R. JASON
10150 METRO PARKWAY
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

SMITH, R. JASON
10150 METRO PARKWAY
FORT MYERS, FL 33966 US

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:

01/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SMITH, R JASON
Address: 1660 BUNTING LN
City-St-Zip: SANIBEL, FL 33957 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SMITH, R JASON
Address: 10150 METRO PARKWAY
City-St-Zip: FORT MYERS, FL 33966 US

Title: MGR () Change (X) Addition
Name: SMITH, HOLLY D
Address: 10150 METRO PARKWAY
City-St-Zip: FORT MYERS, FL 33966 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROY JASON SMITH

MGRM

01/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date