

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90031 009 ****50.00

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03062006 Chg-LLC CR2E083 (11/05)

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|--|---|--|---|---|--|
| DOCUMENT # L01000003280 1. Entity Name GULF COAST CONSTRUCTION LLC | | | | | |
| Principal Place of Business 18277 FERN RD. FORT MYERS, FL 33912 | | | Mailing Address 18277 FERN RD. FORT MYERS, FL 33912 | | |
| 2. Principal Place of Business 9395 CROCUS CT. | | 3. Mailing Address 9395 CROCUS CT. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State FT. MYERS, FL | | City & State FT. MYERS, FL | | 4. FEI Number 65-6372179 | |
| Zip 33912 | | Country US | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 33912 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MASTROIANNI, COLLEEN V REP 18277 FERN RD. FORT MYERS, FL 33912 | | | 7. Name and Address of New Registered Agent Name DONALD RICHARDS Street Address (P.O. Box Number is Not Acceptable) 9395 CROCUS CT. City FT. MYERS FL Zip Code 33912 | | |
| 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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR RICHARDS, DONALD A 9395 CROCUS CT, FT MYERS, FL 33912 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR MASTROIANNI, JEFFREY 18277 FERN RD. FT MYERS, FL 33912 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| 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 empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |
| Date 3-16-06 Daytime Phone # | | | | | |