

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015180

1. Entity Name

GULF COAST SUPPLY HOLDINGS, L.L.C.

Principal Place of Business

10TH STREET EAST
HORSESHOE BEACH FL 32648

Mailing Address

P.O. BOX 278
HORSESHOE BEACH FL 32648

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3759629

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHERRILL, JOHN
1ST STREET EAST
HORSESHOE BEACH FL 32648

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
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR SHERRILL, JOHN
1ST STREET EAST
HORSESHOE BEACH FL 32648

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR REED, JEFF
HIGHWAY 351
HORSESHOE BEACH FL 32648

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Change Addition

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 REQUIRED

John Reed
5/29/02 852-998 0778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E08 (9/01)