


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

<b>DOCUMENT # L01000015180</b> 1. Entity Name <b>GULF COAST SUPPLY HOLDINGS, L.L.C.</b>	
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Principal Place of Business <b>4020 SOUTHWEST 449TH STREET HORSESHOE BEACH FL 32648</b>	Mailing Address <b>4020 SOUTHWEST 449TH STREET HORSESHOE BEACH FL 32648</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number <b>59-3759629</b>
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
Zip Country	Zip Country	1st MOORE CR2E083 (10/05)

FILED

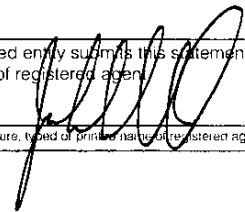
06 MAR 24 AM 10:26

TALLAHASSEE, FLORIDA



<b>6. Name and Address of Current Registered Agent</b>  <b>SHERRILL, JOHN 1ST STREET EAST HORSESHOE BEACH FL 32648</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code
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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:  John Sherrill DATE: 1-24-06

(NOTE: Registered Agent signature required when reinstating)

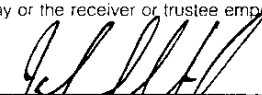
FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE	MGR SHERRILL, JOHN	<input type="checkbox"/>
NAME	SHERRILL, JOHN	
STREET ADDRESS	1ST STREET EAST	
CITY-ST-ZIP	HORSESHOE BEACH FL 32648	
TITLE	MGR	<input type="checkbox"/>
NAME	REED, JEFF	
STREET ADDRESS	HIGHWAY 351	
CITY-ST-ZIP	HORSESHOE BEACH FL 32648	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS	4134 SW 449 ST.		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS	4024 SW 449 ST.		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS	000071651290		
CITY-ST-ZIP	04/24/06--01070--023 **200.00		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

K. Eckel MAR 29 2006

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  John Sherrill DATE: 1-24-06 352-498-0778