


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90240 034 \*\*\*138.75

DOCUMENT # L01000015180	
1. Entity Name GULF COAST SUPPLY HOLDINGS, L.L.C.	

Principal Place of Business 4020 SOUTHWEST 449TH STREET HORSESHOE BEACH FL 32648	Mailing Address 4020 SOUTHWEST 449TH STREET HORSESHOE BEACH FL 32648
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent  SHERRILL, JOHN <del>1ST STREET EAST</del> HORSESHOE BEACH FL 32648	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>4134 SW 449 ST.</i> City FL Zip Code
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4. FEI Number 59-3759629	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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 *1-23-08*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when remaining)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHERRILL, JOHN 4134 SOUTHWEST 449TH STREET HORSESHOE BEACH FL 32648	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR REED, JEFF 4024 SOUTHWEST 449TH STREET HORSESHOE BEACH FL 32648	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>

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

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* *1-23-08* *352-498-0778*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Day119a Print #