

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015612

Entity Name: GULF SHORE MORTGAGE, L.L.C.

FILED  
Jan 07, 2008  
Secretary of State

## Current Principal Place of Business:

6230 SHIRLEY STREET  
SUITE 105  
NAPLES, FL 34109

## New Principal Place of Business:

7499 TREELINE DRIVE  
NAPLES, FL 34119

## Current Mailing Address:

6230 SHIRLEY STREET  
SUITE 105  
NAPLES, FL 34109

## New Mailing Address:

7499 TREELINE DRIVE  
NAPLES, FL 34119

FEI Number: 06-1630267

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KANSY, CHARLES A  
6230 SHIRLEY STREET SUITE 105  
NAPLES, FL 34109 US

## Name and Address of New Registered Agent:

KANSY, CHARLES A  
7499 TREELINE DRIVE  
NAPLES, FL 34119 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:

01/07/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: KANSY, CHARLES A  
Address: 7499 TREELINE DRIVE  
City-St-Zip: NAPLES, FL 34119 US

Title: MGRM ( ) Delete  
Name: KANSY, ANDREA A  
Address: 7499 TREELINE DRIVE  
City-St-Zip: NAPLES, FL 34119 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHARLES KANSY

PRES

01/07/2008

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