
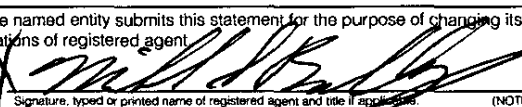
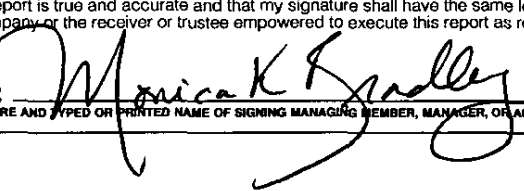


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90272 025 \*\*\*\*50.00

<b>DOCUMENT # L02000000234</b> 1. Entity Name <b>GULF SHORE HULL &amp; PROP, LLC</b>					
Principal Place of Business <b>511 23RD STREET NW NAPLES, FL 34120</b>			Mailing Address <b>511 23RD STREET NW NAPLES, FL 34120</b>		
2. Principal Place of Business <b>173 Skipping Stone Ln.</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 9755</b> Suite, Apt. #, etc.			
City & State <b>Naples, FL</b>		City & State <b>Naples, FL</b>		4. FEI Number <b>80-0005752</b>	
Zip <b>34119</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRADLEY, MICHAEL S 511 23RD STREET NW NAPLES, FL 34120</b>			7. Name and Address of New Registered Agent Name <b>&lt;Same&gt;</b> Street Address (P.O. Box Number is Not Acceptable) <b>173 Skipping Stone Lane</b> City <b>Naples</b> FL <b>34119</b>		
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  DATE <b>4/2/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BRADLEY, MICHAEL S 511 23RD STREET NW NAPLES, FL 34120</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BRADLEY, MICHAEL S 173 Skipping Stone Lane Naples, FL 34119</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BRADLEY, MONICA K 511 23RD STREET NW NAPLES, FL 34120</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BRADLEY, MONICA K. 173 Skipping Stone Lane Naples, FL 34119</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE <b>4/2/04</b> (239) 352-1201 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					