2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State
04-08-2004 90272 025 ****50.00

DOCUMENT # L02000000234

1. Entity Name
GULFSHORE HULL & PROP, LLC

Principal Place of Business	Mailing Address
511 23RD STREET NW NAPLES, FL 34120	511 23RD STREET NW NAPLES, FL 34120

04022004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
173 Skipping Stone Ln.	P.O. Box 9755
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples, FL
Zip: 34119 Country: USA	Zip: 34101 Country: USA

4. FEI Number: 80-0005752 ☐ 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
BRADLEY, MICHAEL S 511 23RD STREET NW NAPLES, FL 34120	Name: Same Street Address (P.O. Box Number is Not Acceptable): 173 Skipping Stone Lane City: Naples FL Zip Code: 34119

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: Michael Bradley 4/2/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BRADLEY, MICHAEL S 511 23RD STREET NW NAPLES, FL 34120	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BRADLEY, MICHAEL S, 173 Skipping Stone Lane Naples, FL 34119	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BRADLEY, MONICA K 511 23RD STREET NW NAPLES, FL 34120	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BRADLEY, MONICA K. 173 Skipping Stone Lane Naples, FL 34119	☒ 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: Monica K Bradley 4/2/04 (239) 352-1221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #