## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

1. Entity Name GULFSHORE HULL & PROP, LLC					04-08-2004 90272 025 ****50.00			
Principal Place 511 23RD S NAPLES, FL	TREET NW	Mailing Address 511 23RD STREET NW NAPLES, FL 34120						
2. Principal Place of Business 173 Skipping Stone Ln. P.D. Box 9755								
Suite, Apt. #, etc. Suite, Apt. #, etc.					04022004	Chg-LLC	CR2E083 (10/0	3)
City & Stat	ies, FL	City & State Naples, FL			4, FEI Numb			Applied For Not Applicable
34119	Country	Zip 34101	Country		5. Certificate	of Status Desired	□ \$5.00 A Fee Requ	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name								
BRADLEY, MICHAEL S 511 23RD STREET NW NAPLES, FL 34120  Street Address (E					P.Q. Box Number is Not Acceptable) Stopping Stone Lane			
			City	lapl	es	the Court of Court	- FL   34	19
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. 1 am familiar with, and accept the obligations of registered agent.								
Signature, typed or printed name of registered agent and title if agriculture. (NOTE: Registered Agent signature required when reinstating)  DATE								
Filing Fee is \$50.00 Due by May 1, 2004						Florida	e check payable to Department of SI	
9.	MANAGING MEMBER	RS/MANAGERS Delete	10.	Mo	<u>R</u> m	ADDITIONS/	Chann	e 🗀 Addition
NAME STREET ADDRESS CITY-ST-ZIP	BRADLEY, MICHAEL S 511 23RD STREET NW	Li Delete	NAME STREET ADDRESS CITY-ST-ZIP	BRA:	DLEY, 1 SKIPP	MICHAEL S ing Stone	s, ~ ~ ·	
TITLE	MGRM	Delete	TITLE	44.	ples, F		7 Chang	e 🔲 Addition
NAME STREET ADDRESS	BRADLEY, MONICA K 511 23RD STREET NW		NAME STREET ADDRESS	BRA	BLEY. 1 3 SKIPF	MONICA K Ping Stone L FL 34119	ane	
CITY-ST-ZIP	NAPLES, FL 34120	<u>.</u>	CITY-ST-ZIP	Na	ples, f	<u> 24119</u>	Chang	e 🔲 Addition
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CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP				Chang	e 🔲 Addition
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		Delete	TITLE			· · · · · · · · · · · · · · · · · · ·	Chang	e 🔲 Addition
NAME STREET ADDRESS			NAME Street address					
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for	CITY-ST-ZIP	ted in Sec	rtion 119 07/9	(i) Florida Statutas	further cortife that th	a information
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: Work Madles 4/2/04 (239) 352-1201								