

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000018931

1. Entity Name
GULF COAST INVESTMENT MANAGEMENT, LLC



Principal Place of Business
12697 NEW BRITTANY BOULEVARD
FORT MYERS, FL 33907

Mailing Address
12697 NEW BRITTANY BOULEVARD
FORT MYERS, FL 33907



03012005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0736402

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, A. KEITH
12697 NEW BRITTANY BOULEVARD
FORT MYERS, FL 33907

**DO NOT WRITE
IN THIS SPACE**

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

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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
JOHNSON, A. KEITH
12697 NEW BRITTANY BOULEVARD
FORT MYERS, FL 33907

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
INSKEEP, JENNIFER E
12697 NEW BRITTANY BOULEVARD
FORT MYERS, FL 33907

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
POST, ALLEN C
12697 NEW BRITTANY BOULEVARD
FORT MYERS, FL 33907

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000252525
03/05/05-80030-010 50.00

**DO NOT WRITE
IN THIS SPACE**

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: *A. Keith Johnson* *A. Keith Johnson*

3/3/05

239-939-5141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #