

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021983

FILED
Jan 10, 2007
Secretary of State

Entity Name: GULF VIEW RESEARCH, LLC.

Current Principal Place of Business:

433 EAGLE RIDGE DR.
211
LAKE WALES, FL 33859 US

New Principal Place of Business:

7090 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33884 US

Current Mailing Address:

433 EAGLE RIDGE DR.
211
LAKE WALES, FL 33859 US

New Mailing Address:

7090 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33884 US

FEI Number: 14-1843802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VILLAR, TIMOTHY W SR.
316 RUBY LAKE LOOP
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: VILLAR, TIMOTHY W
Address: 316 RUBY LAKE LOOP
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP () Delete
Name: BRITT, RUBY
Address: 1949 OLD BARTON RD
City-St-Zip: LAKE WALES, FL 33859

Title: VP () Delete
Name: GEIGER, FANNIE L
Address: 401 DOMARIS AVENUE
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES:

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

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 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: TIMOTHY VILLAR

P

01/10/2007

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