

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021983

FILED  
Jan 15, 2008  
Secretary of State

Entity Name: GULF VIEW RESEARCH, LLC.

**Current Principal Place of Business:**

7090 CYPRESS GARDENS BLVD.  
WINTER HAVEN, FL 33884 US

**New Principal Place of Business:**

**Current Mailing Address:**

7090 CYPRESS GARDENS BLVD.  
WINTER HAVEN, FL 33884 US

**New Mailing Address:**

FEI Number: 14-1843802

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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 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 W VILLAR

P

01/15/2008

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