2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Aug 23, 2006
Secretary of State

DOCUMENT# L02000029018

Entity Name: GULF COAST LLC

Current Principal Place of Business:

23465 HARBOR VIEW ROAD, APT. 234
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

6072 RALEIGH STREET
1905
ORLANDO, FL 32835

Current Mailing Address:

23465 HARBOR VIEW ROAD, APT. 234
PORT CHARLOTTE, FL 33980

New Mailing Address:

6072 RALEIGH STREET
1905
ORLANDO, FL 32835

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ADDONIZIO, MARK A
23465 HARBOR VIEW ROAD
APT#234
PORT CHARLOTTE, FL 33980 US

Name and Address of New Registered Agent:

ADDONIZIO, MARK A
6072 RALEIGH STREET
APT 1905
ORLANDO, FL 32835 US

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: MARK ADDONIZIO 08/23/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ADDONIZIO, MARK A
Address: 23465 HARBOR VIEW ROAD, APT. 234
City-St-Zip: PORT CHARLOTTE, FL 33980 FL

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ADDONIZIO, MARK A
Address: 6072 RALEIGH STREEET APT 1905
City-St-Zip: ORLANDO, FL 32835 FL

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: MARK ADDONIZIO MR 08/23/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date