

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90216 023 \*\*\*\*50.00

**DOCUMENT # L02000032866**

1. Entity Name

GULFSHORE HOMES, LC



Principal Place of Business

8891 BRIGHTEN LANE  
SUITE 101  
BONITA SPRINGS FL 34135

Mailing Address

8891 BRIGHTEN LANE  
SUITE 101  
BONITA SPRINGS FL 34135

2. Principal Place of Business

8891 Brighton Lane  
Suite, Apt. #, etc.

3. Mailing Address

8891 Brighton Lane  
Suite, Apt. #, etc.



MOORE

CR2E083 (11/03)

City & State

City & State

4. FEI Number

55-0809236

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.  
4501 NORTH TAMiami TRAIL  
SUITE 300  
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name *Salvatore & Wood, PC*

Street Address (P.O. Box Number is Not Acceptable)

*4001 N. US 41*

*Suite 330*

City

*Naples*

FL

Zip Code

*34103*

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

*3/23/04*

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME GULFSHORE HOMES XIII, INC.  
STREET ADDRESS 8891 BRIGHTON LANE SUITE 101  
CITY-ST-ZIP BONITA SPRINGS FL 34135

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

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

Date

Daytime Phone #

*St. Wall as managing member*

*3/23/04*