

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034511

FILED
Apr 04, 2005
Secretary of State

Entity Name: GULF COAST SURF & SKATE CO., LLC

Current Principal Place of Business:

6572 SEMINOLE BLVD., SUITE 10
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

6572 SEMINOLE BLVD., SUITE 10
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: 14-1865454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAILLANCOURT, AIMEE N
2342 KINGS POINT DR.
LARGO, FL 33774 US

Name and Address of New Registered Agent:

VAILLANCOURT, AIMEE N
1425 ORANGE STREET
CLEARWATER, FL 33756 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:

04/04/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: VAILLANCOURT, AIMEE N
Address: 2342 KINGS POINTE DR
City-St-Zip: LARGO, FL 33774

Title: MGRM () Delete
Name: VAILLANCOURT, ROBIN A
Address: 9578 131ST STREET NO
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VAILLANCOURT, AIMEE N
Address: 1425 ORANGE STREET
City-St-Zip: CLEARWATER, FL 33756

Title: MGRM (X) Change () Addition
Name: VAILLANCOURT, ROBIN A JR.
Address: 1504 CITRUS STREET
City-St-Zip: CLEARWATER, FL 33756

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AIMEE VAILLANCOURT

MGRM

04/04/2005

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