

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000005419

1. Entity Name

GULF COAST HOME PROS LLC



Principal Place of Business

1146 BALD EAGLE DRIVE
D-6
MARCO ISLAND, FL 34145 US

Mailing Address

PO BOX 110
MARCO ISLAND, FL 34146--110 US



01302006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

03-0506109

Applied

Not App

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARRIS, WILLIAM J JR
1146 BALD EAGLE DRIVE
D-6
MARCO ISLAND, FL 34145

**DO NOT WRITE
IN THIS SPACE**

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 c 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

**Filing Fee is \$50.00
Due by May 1, 2006**

1100000413858
02/11/06-80012-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HARRIS, WILLIAM J JR
STREET ADDRESS	1146 BALD EAGLE DR D-6
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE