


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000008620 1. Entity Name GULF PLACE INVESTMENTS II, LLC	
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Principal Place of Business 4300 LEGENDARY DRIVE SUITE 204 DESTIN, FL 32541	Mailing Address 4300 LEGENDARY DRIVE SUITE 204 DESTIN, FL 32541
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DO NOT WRITE IN THIS SPACE



01262007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3755013	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**OLSON, RICHARD
4300 LEGENDARY DRIVE
SUITE 204
DESTIN, FL 32541**

**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 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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLSON & ASSOCIATES OF NW FLORIDA INC 4300 LEGENDARY DRIVE STE 204 DESTIN, FL 32541
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04/24/07-80130-018 50.00

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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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **4-6-07** **850-650-2858**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #