2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 20, 2004 8:00 am **Secretary of State** DOCUMENT # L03000012086 01-20-2004 90207 007 ****55 00 GULF KEY HOMES, L.L.C. Principal Place of Business Mailing Address 2147 PROTER LAKE ROAD 2147 PROTER LAKE ROAD SUITE B SUITE B SARASOTA FL 34240 SARASOTA, FL 34240 2. Principal Place of Business 3. Mailing Address 01142004 Chg-LLC CR2E083 (10/03) DRIVE DRIVE Applied For City & State Not Applicable Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DUNLAP, SCOTT W Street Address (P.O. Box Number is Not Acceptable) 22 SOUTH LINKS AVE. SUITE 300 SARASOTA, FL 34236 ۷, City Zip Code 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 Sgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS 10. 9. MGR ☐ Delete TITI F TITLE 17507 WATERLINE Rd W.F. SCUTT, INC. NAME NAME 618 197TH STREET N.E. STREET ADDRESS BYADENTOW, PL 34212 Potrange Paddition STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34202 ☐ Delete NAME RICHARD H. ROSENBERG, INC. NAME 2147 PORTER LAKE DRIVE, SVITE B. STREET ADDRESS 2147 PROTER LAKE ROAD' STO B. STREET ADDRESS SARASOTA; FL 34240 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 13926 SIENA LOOP KEVIN E. BRUNDAGE, INC. NAME NAME 1251 OAKFORD ROAD STREET ADDRESS STREET ADDRESS BYADENTON, FL. 34202 CITY-ST-7IP SARASOTA, FL. 34240 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

RE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

FILED

941-371-9800