

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000019537

1. Entity Name
GULF COAST CENTER, LLC

Principal Place of Business

4851 TAMiami TRAIL NORTH, SUITE 300
NAPLES, FL 34103

Mailing Address

4851 TAMiami TRAIL NORTH, SUITE 300
NAPLES, FL 34103

FILED
06 MAY -3 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03292006No Chg-LLC

CR2E083 (11/05)

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4. FEI Number

51-0469401

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONROY, J. THOMAS III
2640 GOLDEN GATE PARKWAY, SUITE 115
NAPLES, FL 34105DO 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, 2006800074511418
05/12/06--01015--027 **261.25

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEANGELIS, RAYMOND J 4851 TAMiami TRAIL NORTH, SUITE 300 NAPLES, FL 34103
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8/35/9

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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 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #