

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023266

FILED  
May 04, 2007  
Secretary of State

Entity Name: GULFERS DREAM HOMES L.L.C.

**Current Principal Place of Business:**

941 EAST GULF BEACH DRIVE  
ST. GEORGE ISLAND, FL 32328

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 185  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

PO BOX 14748  
TALLAHASSEE, FL 32317

FEI Number: 20-0068043      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FOGLEMAN, GARY R  
261 ROYAL TERN WAY  
CARRABELLE, FL 32322      US

**Name and Address of New Registered Agent:**

FOGLEMAN, GARY R  
3404 CLIFDEN DR  
TALLAHASSEE, FL 32309      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: \_\_\_\_\_

05/04/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: FOGLEMAN, GARY R  
Address: 261 ROYAL TERN WAY  
City-St-Zip: CARRABELLE, FL 32322

Title: MGRM      (X) Delete  
Name: FOGLEMAN, REBECCA G  
Address: 261 ROYAL TERN WAY  
City-St-Zip: CARRABELLE, FL 32322

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: FOGLEMAN, GARY R  
Address: 3404 CLIFDEN DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title:      ( ) Change      ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GARY FOGLEMAN

MGRM

05/04/2007

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