


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -2 AM 11:43

DOCUMENT # L03000025208 1. Entity Name GULF ISLANDS SAILS, LLC.	
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Principal Place of Business 520 KING STREET PUNTA GORDA, FL 33950	Mailing Address 520 KING STREET PUNTA GORDA, FL 33950
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DO NOT WRITE IN THIS SPACE

01132005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 81-0635547	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 BENSON, EDWARD L 520 KING STREET PUNTA GORDA, FL 33950	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENSON, SARA 520 KING STREET PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENSON, EDWARD L 520 KING STREET PUNTA GORDA, FL 33950
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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.

SIGNATURE: SARA BENSON - SARA BENSON 1/10/05 941-639-2320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Day and Phone #