

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000025208**

1. Entity Name  
**GULF ISLANDS SAILS, LLC.**



Principal Place of Business

**520 KING STREET  
PUNTA GORDA, FL 33950**

Mailing Address

**520 KING STREET  
PUNTA GORDA, FL 33950**

**DO NOT WRITE IN THIS SPACE**



04262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

**81-0635547**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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**

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 constituting)

DATE

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

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**

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

U00000743415  
05/15/07-80109-002 50.00

**DO NOT WRITE  
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:

*Sara Benson*

4/27/07

941-639-2320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #