

LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 26, 2005 8:00 am  
Secretary of State

04-26-2005 90021 023 \*\*\*\*50.00

DOCUMENT # L03000026750

1. Entity Name

GULF SHORE INVESTMENTS LLC

DO NOT WRITE IN THIS SPACE

20047828

2. Principal Place of Business

1840 CORAL WAY

Suite, Apt. #, etc

3. Mailing Address

33700 GROESBECK HIGHWAY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FL

City & State  
FRASER, MI

4. FEI Number  
20-0125433

Applied For  
Not Applicable

Zip  
33145

Country

Zip  
48026

Country  
MACOMB

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

7. Name and Address of Current Registered Agent

Name

SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1840 SW 22ND ST

4TH FLOOR

City

MIAMI

FL

Zip Code

33145

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.

DATE

Fee is \$50.00

Fee Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MONTE, JOSEPH  
1840 CORAL WAY  
MIAMI, FL 33145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
PAPA, CARL  
1840 CORAL WAY  
MIAMI, FL 33145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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MONTE, JOSEPH  
1840 CORAL WAY  
MIAMI, FL 33145

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1840 CORAL WAY  
MIAMI, FL 33145

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CITY-ST-ZIP

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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:

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

Date

Daytime Phone #

CP2003B (12/02)