

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027563

**FILED**  
**Feb 12, 2007**  
**Secretary of State**

**Entity Name:** GULF COAST RESTORATION SERVICE, LLC

**Current Principal Place of Business:**

17050 ALICO COMMERCE CT  
UNIT #5  
FORT MYERS, FL 33912

**New Principal Place of Business:**

17050 ALICO COMMERCE CT  
UNIT #5  
FORT MYERS, FL 33967

**Current Mailing Address:**

17050 ALICO COMMERCE CT  
UNIT 5  
FORT MYERS, FL 33912

**New Mailing Address:**

17050 ALICO COMMERCE CT  
UNIT 5  
FORT MYERS, FL 33967

**FEI Number:** 41-2103493

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GORDON, ROBERT  
8070 TAUREN CT.  
NAPLES, FL 341197716 US

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

GORDON, ROBERT  
16113 PARQUE LANE  
NAPLES, FL 34110 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:

02/12/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WHITE, KEVIN  
Address: 11360 LAKES CYPRESS LOOP  
City-St-Zip: FORT MYERS, FL 33913

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT GORDON

TRES

02/12/2007

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