

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90028 031 ****50.00

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DOCUMENT # L03000027894			
1. Entity Name GULF COAST I, LLC		Principal Place of Business 2811 TAMiami TRAIL, SUITE P PORT CHARLOTTE, FL 33952	
2. Principal Place of Business		3. Mailing Address P.O. BOX DRAWER 511447 PUNTA GORDA, FL 33951-1447	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State PUNTA GORDA, FL	
Zip	Country	Zip 33950	Country US
6. Name and Address of Current Registered Agent HOLMES, DAVID A 99 NESBIT STREET PUNTA GORDA, FL 33950-3636		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADDONIZIO, MARK A 2811 TAMiami TRAIL, STE P PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Mark A. Addonizio</u>		03-11-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE MARK A. ADDONIZIO, MANAGER		Date	
		941-629-7337	
		Daytime Phone #	