
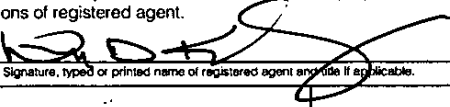



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90092 027 \*\*\*\*55.00

<b>DOCUMENT # L03000029161</b> 1. Entity Name <b>GULF COUNTY INVESTMENTS, LLC</b>							
Principal Place of Business <b>359 BRUCE STREET ST. GEORGE ISLAND, FL 32328</b>			Mailing Address <b>359 BRUCE ST. ST. GEORGE ISLAND, FL 32328</b>				
2. Principal Place of Business <b>351 Bruce ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>351 Bruce ST</b> Suite, Apt. #, etc.					
City & State <b>St George Island, FL</b> Zip <b>32328</b>		City & State <b>St George Island, FL</b> Zip <b>32328</b>		4. FEI Number <b>20-0240240</b> Applied For <input type="checkbox"/> Not Applicable			
Country <b>FRANKLIN</b>		Country <b>FRANKLIN</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>KISLING, WM D 359 BRUCE STREET ST. GEORGE ISLAND, FL 32328</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>351 Bruce ST</b> City <b>St. George Island, FL</b> Zip Code <b>32328</b>			
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  <small>Signature, typed or printed name of registered agent and date if applicable.</small>				DATE <b>4-4-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>				
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM- KISLING, WILLIAM D 359 BRUCE STREET ST. GEORGE ISLAND, FL 32328	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kisling, William D 351 Bruce ST St. George Island, FL 32328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SATTERFIELD, KIM 3333 SOUTH DIXIE HIGHWAY DALTON, GA 30720	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SATTERFIELD, KIRK 3333 SOUTH DIXIE HIGHWAY DALTON, GA 30720	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <b>4-4-05</b>		Daytime Phone # <b>8509274423</b>	