


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90140 017 ****50.00

DOCUMENT # L03000031235					
1. Entity Name GULF WINDS, L.L.C.					
Principal Place of Business 401 S. LINCOLN AVE CLEARWATER, FL 33626			Mailing Address 401 S. LINCOLN AVE CLEARWATER, FL 33626		
2. Principal Place of Business 2247 NO. OVERBROOK AVE. Suite, Apt. #, etc.		3. Mailing Address 2247 NO. OVERBROOK AVE. Suite, Apt. #, etc.			
City & State BELLEAIR BLUFFS, FL Zip: 33770 Country: U.S.		City & State BELLEAIR BLUFFS, FL Zip: 33770 Country: U.S.		4. FEI Number 20-0184981	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent LOVELACE, WILLIAM K 401 S. LINCOLN AVE CLEARWATER, FL 33756			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE: _____ NAME: MGRM STREET ADDRESS: WILSON, FORD & LOVELACE, P.A. CITY-ST-ZIP: 401 S. LINCOLN AVE. CLEARWATER, FL 33756	<input checked="" type="checkbox"/> Delete		TITLE: _____ NAME: MGRM STREET ADDRESS: ROBERT LECLERC CITY-ST-ZIP: 2247 NO. OVERBROOK AVE. BELLEAIR BLUFFS, FL 33770	<input type="checkbox"/> Change <input checked="" 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	
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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>Robert Leclerc</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			4/29/04 Date		727-586-1560 Daytime Phone #
ROBERT LECLERC					

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