## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000032491

1110 TIGER TRACE

GULF BREEZE, FL 32563

Address:

City-St-Zip:

Entity Name: GULF COAST PARTNERS, L.L.C.

FILED Apr 12, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1196 MARY LOU LANE GULF BREEZE, FL 32563 **Current Mailing Address: New Mailing Address:** 1196 MARY LOU LANE GULF BREEZE, FL 32563 FEI Number: 54-2123464 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SAVARY, JOHNSON S JR C/O DUNLAP & MORAN, P.A 22 SOUTH LINKS AVE, STE 300 SARASOTA, FL 34236 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete SMITH, GREGORY M Name: Name: 1196 MARY LOU LANE Address: Address: City-St-Zip: GULF BREEZE, FL 32563 City-St-Zip: Title: MGR () Delete Title: () Change () Addition DOLISTER, MICHAEL J Name: Name: Address: 1112 KELTON BLVD. Address: City-St-Zip: GULF BREEZE, FL 32563 City-St-Zip: Title: MGR () Delete Title: () Change () Addition ALLISS, SAMIR Name: Name: Address: 5980 OSPREY PLACE Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: LEKER, JAMES Name: 976 GONDOLIER BLVD. Address: Address: City-St-Zip: GULF BREEZE, FL 32563 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MOORE, TERRANCE Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: GREGORY SMITH MGR 04/12/2005