

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000034518**

1. Entity Name  
**GULF COAST LAND HOLDINGS, LLC**



Principal Place of Business <b>18401 MURDOCK CIRCLE          PORT CHARLOTTE, FL 33948-1088</b>	Mailing Address <b>18401 MURDOCK CIRCLE          PORT CHARLOTTE, FL 33948-1088</b>
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01192005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>75-3130215</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GUNDERSON, MIKO P  
 18401 MURDOCK CIRCLE  
 PORT CHARLOTTE, FL 33948-1088**

**DO NOT WRITE IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUNDERSON, MIKO P 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 339481088
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUFF, JAMES T 8252 WILTSHIRE BLVD. PORT CHARLOTTE, FL 33981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAPINSKI, GARY 55 OAKWOOD DRIVE PALOS PARK, IA 50464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000252490  
 03/05/05-80029-019 50.00

**DO NOT WRITE IN THIS SPACE**

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: *Gary Wapinski* Date: 2/28/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #