


**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 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948-1088	Mailing Address 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948-1088
--------------------------------------------------------------------------------------	--------------------------------------------------------------------------



01192005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3130215	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$5.00** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (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	

000000252490
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:


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

Date

Daytime Phone #

2/28/05