

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 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**



01072007 No Chg-LLC

CR2E083 (11/05)

**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, 2007**

U000000589691  
01/18/07-80024-025 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE: MGRM  
NAME: GUNDERSON, MIKO P  
STREET ADDRESS: 18401 MURDOCK CIRCLE  
CITY-STATE-ZIP: PORT CHARLOTTE, FL 339481088

TITLE: MGRM  
NAME: WAPINSKI, GARY  
STREET ADDRESS: 55 OAKWOOD DRIVE  
CITY-STATE-ZIP: PALOS PARK, IA 50464

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1/12/07

Date

728-361-2323

Daytime Phone #