


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 A
Secretary of State

DOCUMENT # L03000034518 1. Entity Name GULF COAST LAND HOLDINGS, LLC	
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Principal Place of Business 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948-1088	Mailing Address 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948-1088
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DO NOT WRITE IN THIS SPACE



01062008No Chg-LLC

CR2E083 (12/07)

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

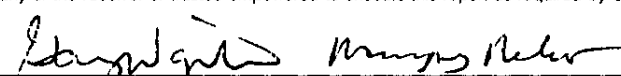
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000787439
01/17/08-80082-002 138.75

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 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	
TITLE NAME STREET ADDRESS CITY-ST-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:  **1/17/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #