

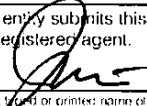
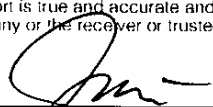


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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|  |  |                     |         |   |   |   |  |
|--|--|---------------------|---------|---|---|---|--|
| <b>DOCUMENT # L03000040908</b><br>1. Entity Name<br>501 GULF, L.L.C.   |  |                     |         |    |   | <b>FILED</b><br>06 JUN -6 PM 12: 38<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA<br> |  |
| Principal Place of Business<br>109 N. BRUSH ST., SUITE 440<br>TAMPA, FL 33602  |  |                     |         | Mailing Address<br>109 N. BRUSH ST., SUITE 440<br>TAMPA, FL 33602   |   |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address  |         | 01042006 Chg-LLC CR2E083 (11/05)  |   | 4. FEI Number<br><b>83-0373653</b>  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc. |         | Applied For   |   | Not Applicable  |  |
| City & State   |  | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |   |   |  |
| Zip  | Country  | Zip                 | Country |   |   |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>HOBBY, CLARKE G<br>109 N. BRUSH ST., SUITE 440<br>TAMPA, FL 33602  |  |                     |         | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL Zip Code</span> |   |   |  |
| 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.<br>SIGNATURE  <span style="float: right;">07-28-06</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) (DATE)</small> |  |                     |         |   |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |  |                     |         | <b>Make check payable to<br/>Florida Department of State</b>  |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |                     |         | <b>10. ADDITIONS/CHANGES</b>  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | MGR<br>GUYTON ENERGY CORPORATION<br>109 N. BRUSH ST., SUITE 440<br>TAMPA, FL 33602 |                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  | 200076205012<br>06/14/06--01036--013 **450.00                           |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Delete  |                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Delete  |                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Delete  |                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Delete  |                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Delete  |                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Delete  |                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  | 20619 <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| 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.   |  |                     |         |   |   |   |  |
| <b>SIGNATURE:</b>   |  |                     |         | May 30, 2006  |   | 813-224-0822  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |                     |         | <small>Date</small>   |   | <small>Daytime Phone #</small>  |  |