2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Apr 18, 2008 8:00 am
Secretary of State
04-18-2008 90150 030 ***138.75

DOCUMENT # L03000041107

1. Entity Name
THIEL-GUTENMANN DEVELOPERS, L.L.C.

Principal Place of Business
1507 NORTH PALAFOX STREET
PENSACOLA FL 32501

Mailing Address
1507 NORTH PALAFOX STREET
PENSACOLA FL 32501

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
1591 VIA DE LUNA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PENSACOLA BEACH

4. FEI Number 56-2408283 ☐ Applied For ☐ Not Applicable

Zip | Country

Zip 32561-2339 | Country ESCAMBIA

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GUTENMAN, WILLIAM
~~13 CALLE MARBELLA~~
~~PENSACOLA BEACH FL 32561~~
1507 NORTH PALAFOX STREET
PENSACOLA FL. 32501

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City | FL | Zip Code

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 consenting) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GUTENMANN, WILLIAM	NAME	
STREET ADDRESS	~~13 CALLE MARBELLA~~	STREET ADDRESS	
CITY-ST-ZIP	~~PENSACOLA BEACH FL 32561~~	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	THIEL, MICHAEL J	NAME	
STREET ADDRESS	PO BOX 1263	STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32562	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: CO-MANAGER 4/7/08 850-304-6084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #