2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 09, 2007 8:00 am Secretary of State **DOCUMENT # L03000050380** 02-09-2007 90069 045 ****50.00 GULF COAST INVESTMENTS & PROPERTIES, LLC Principal Place of Business Mailing Address 3417-A GULF BREEZE PKWY. 3417 GULF BREEZE PKWY 00014306 **GULF BREEZE, FL 32563** GULF BREEZE, FL 32563 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022007 Chg-LLC CR2E083 (12/06) Applied For City & State 4. FEI Number City & State 20-0466337 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RANDEL, ROBERT B Street Address (P.O. Box Number is Not Acceptable) 3042 ROSA DEL VILLA GULF BREEZE, FL 32563 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 reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME RANDEL, ROBERT B NAME STREET ADDRESS 3042 ROSA DEL VILLA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GULF BREEZE, FL 32563 TITLE MGR ☐ Defete TITLE ☐ Change M Addition RANDEL, ROBERT B D.C. NAME 3042 ROSA DEL VILLA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GULF BREEZE, FL 32563 TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Kres. 2-6-07

☐ Delete