
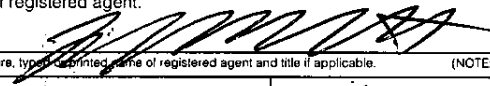
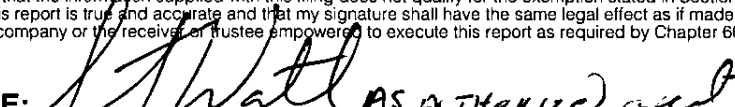


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90060 011 \*\*\*\*\*50.00

|   |  |                     |  |   |   |
|---|--|---------------------|--|---|---|
| <b>DOCUMENT # L03000051661</b><br>1. Entity Name<br><b>GULFSHORE HOMES DEVELOPMENT, LC</b>  |  |                     |  |    |   |
| Principal Place of Business<br><b>8891 BRIGHTON LANE, STE 101<br/>BONITA SPRINGS, FL 34135</b>  |  |                     | Mailing Address<br><b>8891 BRIGHTON LANE, STE 101<br/>BONITA SPRINGS, FL 34135</b> |   |   |
| 2. Principal Place of Business  |  | 3. Mailing Address  |  |   |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc. |  |   |   |
| City & State  |  | City & State        |  |   |   |
| Zip   | Country  | Zip                 | Country  |   |   |
| 6. Name and Address of Current Registered Agent   |  |                     |  | 7. Name and Address of New Registered Agent   |   |
| <b>SALVATORI &amp; WOOD</b><br><b>4001 N TAMIAMI TRAIL, STE 330</b><br><b>NAPLES, FL 34103</b>  |  |                     |  | Name <b>Jeff Novatt, Esq.</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>Cheffy Passidomo et al</b><br><b>821 5th Ave S, # 201</b><br>City <b>Naples</b> FL Zip Code <b>34102</b> |   |
| 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  DATE <b>7/12/04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |                     |  |   |   |
| <b>Filing Fee is \$50.00</b><br><b>Due by September 8, 2004</b>   |  |                     | <b>Make check payable to</b><br><b>Florida Department of State</b>                 |   |   |
| 9. MANAGING MEMBERS/MANAGERS  |  |                     |  | 10. ADDITIONS/CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGR</b><br><b>GULFSHORE HOMES XIII, INC.</b><br><b>8891 BRIGHTON LANE, STE 101</b><br><b>BONITA SPRINGS, FL 34135</b> <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  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>  <b>AS AUTHORIZED REPRESENTATIVE</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |                     |  | Date <b>7/12/04</b> Daytime Phone # <b>239-947-2929</b>   |   |



07062004 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-0580103** Applied For ☐ Not Applicable

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