

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000051661

1. Entity Name
GULFSHORE HOMES DEVELOPMENT, LC



Principal Place of Business
8891 BRIGHTON LANE, STE 101
BONITA SPRINGS, FL 34135

Mailing Address
8891 BRIGHTON LANE, STE 101
BONITA SPRINGS, FL 34135

FILED
04 DEC 14 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11092004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
20-0580103

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOVATT, JEFF ESQ
821 5TH AVE S
201
NAPLES, FL 34102

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 reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME GULFSHORE HOMES XIII, INC.
STREET ADDRESS 8891 BRIGHTON LANE, STE 101
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE MGR ☐ Change ☒ Addition
NAME GULFSHORE HOMES XI, INC.
STREET ADDRESS 8891 BRIGHTON LANE, SUITE 101
CITY-ST-ZIP BONITA SPRINGS, FLORIDA 34135

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

GULFSHORE HOMES XI, INC. Manager

SIGNATURE: By: Steven M. Watt, President

11/16/04 239-947-2929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #