

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000003448

1. Entity Name
UNIT 1503 GULF SHORE BLVD NORTH, LLC



Principal Place of Business

5728 MAJOR BLVD.
SUITE 550
ORLANDO, FL 32819 US

Mailing Address

5728 MAJOR BLVD.
SUITE 550
ORLANDO, FL 32819 US



01222006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

UNDERWOOD, ROBERT L
5728 MAJOR BLVD.
SUITE 550
ORLANDO, FL 32819

**DO NOT WRITE
IN THIS SPACE**

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, 2006

000000414886
02/11/06-80055-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BAGWELL, HAROLD G JR
STREET ADDRESS	5728 MAJOR BLVD., SUITE 550
CITY - ST - ZIP	ORLANDO, FL 32819

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

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

Date

Daytime Phone #

1/23/06 919 779 6868