

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90129 029 \*\*\*\*50.00

DOCUMENT # L04000006704

1. Entity Name  
GULFCOAST VENTURES 230, LLC



Principal Place of Business  
THE FLORESTA BUILDING  
700 ELEVENTH STREET SOUTH, SUITE PH-3  
NAPLES, FL 34102

Mailing Address  
THE FLORESTA BUILDING  
700 ELEVENTH STREET SOUTH, SUITE PH-3  
NAPLES, FL 34102



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242005 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-0652780

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, STEVEN E  
THE FLORESTA BUILDING  
700 ELEVENTH STREET SOUTH, SUITE PH-3  
NAPLES, FL 34102

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 reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
GATES, HERBERT S III  
681 GOODLETTE ROAD NORTH, UNIT 230  
NAPLES, FL 34102 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MEAD, KATHY JO  
681 GOODLETTE ROAD NORTH, UNIT 230  
NAPLES, FL 34102 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
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☐ Delete

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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.

SIGNATURE: *X [Signature]*

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

X 214-05X 239-262-1119

Date

Daytime Phone