

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

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



01172008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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

**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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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02/13/08-80049-019 138.75

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]*

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

Date

Daytime Phone #

*1-31-08* *239-562-1119*