

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000006705

1. Entity Name
GULFCOAST VENTURES 220, LLC



Principal Place of Business

**THE FLORETTA BUILDING
700 ELEVENTH STREET SOUTH, SUITE PH3
NAPLES, FL 34102**

Mailing Address

**THE FLORETTA BUILDING
700 ELEVENTH STREET SOUTH, SUITE PH3
NAPLES, FL 34102**



01112006No 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

**CLARK, STEVEN E
THE FLORETTA BUILDING
700 ELEVENTH STREET SOUTH, SUITE PH3
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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

1100000388399
01/20/06-80003-009 50.00

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

[Signature] 1/13/06
Date

[Signature] 239 263 451
Daytime Phone #