

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

03-27-2007 90204 014 ****50.00

DOCUMENT # L04000007513 1. Entity Name PERFECT GULF PROPERTIES I LLC					
Principal Place of Business 636 S. GULFVIEW BLVD. CLEARWATER BEACH, FL 33767			Mailing Address 636 S. GULFVIEW BLVD. CLEARWATER BEACH, FL 33767		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR 75-3226770	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GUJU LAW GROUP, P.A. 31564 US HIGHWAY 19 NORTH PALM HARBOR, FL 34684			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCPHERSON, DOUGLAS C 636 S GULFVIEW BLVD. CLEARWATER, FL 33767 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	WOLTERS, PAM V. Pres. 19876 Quinella ST. Orlando, FL 32839 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUJU, MICHAEL 31564 US HIGHWAY 19 NORTH PALM HARBOR, FL 34684 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			3/12/07 727 526-3529 X 104 <small>Date Daytime Phone e</small>		

30004904



02132007 Chg-LLC CR2E083 (12/06)

ATTACHMENT

Charlie Crist, Governor.
Holly Benson, Secretary

Department of **Business &**
Professional Regulation

30004904
#FL090006187513

JANUARY 31, 2007

PAMELA R WOLTERS
87 W MICHIGIAN ST
ORLANDO, FL 32808

RE: CORRESPONDENCE RETURN
LICENSE NO.

DEAR PAMELA WOLTERS:

THE DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION HAS RECEIVED YOUR REQUEST.

YOUR REQUEST CANNOT BE PROCESSED FOR THE FOLLOWING REASON(S):

YOUR MULTIPLE LICENSE REQUEST AND FEE HAS BEEN RECEIVED. HOWEVER, IF YOU WISH TO QUALIFY AN ADDITIONAL CORPORATION A CORPORATE AMENDMENT APPLICATION VERIFYING YOUR DESIGNATION AS A "QUALIFYING" BROKER MUST BE SUBMITTED. A "QUALIFYING" BROKER MUST ALSO BE DESIGNATED AS AN OFFICER OR DIRECTOR OF A CORPORATION OR MANAGER/MEMBER OF AN LLC WITH THE SECRETARY OF STATE DIVISION OF CORPORATIONS.

THE CORPORATE AMENDMENT APPLICATION CAN BE DOWNLOADED FROM
WWW.MYFLORIDALICENSE.COM

NO FURTHER ACTION WILL BE TAKEN UNTIL ALL INFORMATION IS RECEIVED.

ALL DOCUMENTS MUST BE RETURNED TO THE ADDRESS BELOW, ALONG WITH THE ATTACHED ORIGINALS.

THANK YOU FOR YOUR COOPERATION. IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE NUMBER BELOW.

ENCLOSURE
GMM

2502/1020 \$95 ATTACHMENT

0-7935230

3000.4907
#640000513

DBPR 0020-1 - Master Organization Application

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DBPR

F37210

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A-81905

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CD 1018441

TREASURER OF FLORIDA-DBPR
ACCT1000004444 LOC7900199
DEPOSIT ONLY 12/27/2006
BT 6024946
VAL 60430648
AMT \$95.00

ORGANIZATION INFORMATION			
Federal Employer ID Number/Social Security Number: 75-3226770			
Organization/Applicant Name: PERFECT GULF PROPERTIES I, LLC.			
Doing Business As (D/B/A) Name: CENTURY 21 SUNSHINE REALTY			
Ownership: Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture Agreement <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Estate <input type="checkbox"/> Professional Association <input type="checkbox"/> Other <input checked="" type="checkbox"/> (L.L.C.)			
MAILING ADDRESS			
Street Address or P.O. Box: 10645 NARCOOSSEE ROAD			
City: ORLANDO		State: FLA.	Zip Code (+4 optional): 32832
County (if Florida address): ORANGE		Country: U.S.A.	
CONTACT INFORMATION			
Contact Name: PAM WOLTERS			
Primary Phone Number: (407) 468-1469		Primary E-Mail Address: PR.HAUSE.MGT1@AOL.COM	
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)			
Street Address: 19876 QUINELLA STREET			
City: ORLANDO		State: FLA.	Zip Code (+4 optional): 32839
County (if Florida address):		Country:	
BUSINESS LOCATION ADDRESS			
Street Address: 10645 NARCOOSSEE ROAD			
City: ORLANDO		State: FLA.	Zip Code (+4 optional): 32832
County (if Florida address): ORANGE		Country: U.S.A.	

JAN 25 2007

ADDITIONAL CONTACT INFORMATION (OPTIONAL)	
Alternate Phone Number: (727) 526-3529	Fax Number: (727) 781-3345
Alternate E-Mail Address: BOBCONTI@TAMPA BAY PROPERTY.COM	

*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(a), 406.2577, and 406.2596, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

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DEC 18 2006

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DBPR 0030 - Attest Statement


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STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

NOTE - This form must be submitted as part of an
application packet

APPLICANT INFORMATION	
Applicant Name: <u>PERFECT GULF PROPERTIES I, L.L.C.</u>	Social Security Number: <u>75-3226770</u>
License Applying For: <u>REAL ESTATE CORP.</u>	Application type (Check one):
Telephone Number: <u>(407) 468-1469</u>	Exam <input type="checkbox"/> Initial License <input checked="" type="checkbox"/>

ATTEST STATEMENT	
I have read the questions in this application and have answered them completely and truthfully to the best of my knowledge.	
I have successfully completed the education required, if any, for the level of licensure, registration, or certification sought.	
I have the amount of experience required, if any, for the level of licensure, registration, or certification sought.	
I pledge to comply with the applicable standards of practice upon licensure, registration, or certification.	
I understand the types of misconduct for which disciplinary proceedings may be initiated.	
Signature: <u>[Signature]</u>	
NOTARIZATION	
The foregoing application was sworn to and subscribed before me this <u>8th</u> Day of <u>Dec.</u> 20 <u>06</u>	
by <u>PAM WOLTERS</u> Type or print name of applicant	<u>[Signature]</u> Signature of applicant
who is personally known to me or who has produced the following as identification.	
<u>DRIVER'S LICENSE</u> Type of identification	
<u>Constance A. Capatosto</u> Signature of person taking acknowledgement	
Notary Seal (Rubber Stamp and Expiration)	
 Constance A. Capatosto My Commission DD226824 Expires June 26, 2007	

JAN 20 2007

*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(a), 455.257, and 455.259, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L. 193, Sec. 317.

ATTACHMENT

30004904
#10400000753

DBPR RE-2050 - Request for Change of Status

STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION



1940 North Monroe Street
Tallahassee, FL 32399-0783
Customer Contact Center: 850.487.1395
FAX: 850.488.8040
www.MyFloridaLicense.com

CHECK ACTION(S) REQUESTED
Transaction Type:
<input checked="" type="checkbox"/> Become Active - no charge
<input type="checkbox"/> Become Inactive - no charge
<input type="checkbox"/> Add/Delete Trade Name - no charge
<input type="checkbox"/> Become Sole Proprietor - no charge
<input type="checkbox"/> Change Broker/Owner Employer - no charge
<input type="checkbox"/> Terminate Employee - no charge
<input type="checkbox"/> Add/Delete PA or LLC - \$30.00 fee required
<input type="checkbox"/> Request for Multiple License - \$95.00
<input type="checkbox"/> Renew license
<input checked="" type="checkbox"/> Qualifying Broker (CQ package required)
<input type="checkbox"/> Owner/Developer (Forms 2050 & 0080 required)

ASSOCIATE INFORMATION	
License Number	Licensee Name
Contact Information (telephone number or E-Mail address)	

BROKER OR ORGANIZATION INFORMATION	
Broker License Number	Organization License Number
BK 496245	(APPLYING FOR)
Broker/Owner Name	
PAM WOLTERS	
Organization Name	
PERFECT GULF PROPERTIES I, L.L.C.	
Trade Name (if applicable)	Contact Info. (telephone number or E-Mail address)
CENTURY 21 SUNSHINE REALTY	(407) 468-1469
Are you now or with the issuance of this license an officer, director, member, or partner of any corporation, partnership, or L.L.C. which acts as a broker? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please list name of entity	
PERFECT GULF PROPERTIES I, L.L.C.	

TRUTHFUL TEST STATEMENT	
EXCEPT FOR ADD/DELETE PA OR LLC WHICH MAY BE SIGNED BY THE LICENSEE	
I affirm that I have provided the above information completely and truthfully to the best of my knowledge.	
Broker/Owner Sign Here:	Date: 12/8/06
*Bk Signature not req. for Assoc. Inactive status or add/delete PA - LLC	
Associate Sign Here:	Date:
*All Associate requested changes require signature	

Revised 12/2004

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DBPR 0040-1 - Officers and Directors

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STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

NOTE - This form must be submitted as part of an
application packet

Please provide information on the partners, managers, officers, or directors for your business entity below.

ORGANIZATION NAME	
Name of Organization	PERFECT GULF PROPERTIES I, LLC
Trade Name	CENTURY 21 SUNSHINE REALTY

LIMITED LIABILITY CORPORATION QUESTIONS	
If your corporation is a limited liability corporation (LLC), is the corporation member managed or manager managed? You can check your Articles of Incorporation for this information.	
Member Managed <input type="checkbox"/>	Manager Managed <input checked="" type="checkbox"/>
If you are a member managed LLC, list below all members. If you are a manager managed LLC, list below all managers.	

MANAGEMENT INFORMATION					
Last Name	First	Middle	Title	Suffix	
WOLTERS	P	A	M		
Office Held	Percentage of Ownership	Active	Non-Active		
OFFICE MANAGER	5%	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
RESIDENCE ADDRESS					
Street Address or P.O. Box					
19876 QUINELLA STREET					
City			State	Zip Code (+4 optional)	
ORLANDO			FLA.	32839	
County (if Florida address)		Country			
ORANGE		U.S.A.			

JAN 25 2007

MANAGEMENT INFORMATION					
Last Name	First	Middle	Title	Suffix	
Office Held	Percentage of Ownership	Active	Non-Active		
		<input type="checkbox"/>	<input type="checkbox"/>		
RESIDENCE ADDRESS					
Street Address or P.O. Box					
City			State	Zip Code (+4 optional)	
County (if Florida address)		Country			

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DEC 18 2006

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ATTACHMENT

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Certified Copies of any deed should be obtained at the Office of the Clerk of the Circuit Court

ATTACHMENT

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RESOLUTION

THE WITHIN RESOLUTION, made and executed this 28th day of December, 2006, by and on behalf of PERFECT GULF PROPERTIES I, L.L.C., a Limited Liability Company formed under and by virtue of the laws of the State of Florida, having a principal address at 636 South Gulfview Boulevard, Clearwater Beach, Florida, 33767, whose Articles of Organization were filed in the office of the State Department for the State of Florida on January 28, 2004, does hereby state and declare as follows:

PAM WOLTERS, a licensed Florida Real Estate Broker, License Number BK496245, and a Member of the aforesaid Limited Liability Company, whose residence address is 19876 Quinella Street, Orlando, Florida, 32839, is hereby appointed:

1. Office Manager and Broker of Record of and for a Real Estate sales office called CENTURY 21 SUNSHINE REALTY, located at 10645 Narcoossee Road, Orlando, Florida, 32832;
2. Vice President and Secretary of the aforesaid Limited Liability Company.

THE WITHIN RESOLUTION is made and executed this 28th day of December, 2006, by DOUGLAS McPHERSON, being President of PERFECT GULF PROPERTIES, INC., a Florida corporation, having an office at 636 South Gulfview Boulevard, Clearwater Beach, Florida, 33767, which corporation is a member of, and owner of an eighty five percent (85%) interest in, the within Limited Liability Company.


DOUGLAS McPHERSON

STATE OF FLORIDA

SS.:

COUNTY OF PINELLAS

The within Resolution was executed before me this 28th day of December, 2006, by DOUGLAS McPHERSON, who is known to me, or produced the following form of identification: Dr. License.

NOTARY PUBLIC



