


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90024 021 \*\*\*\*50.00

<b>DOCUMENT # L04000010326</b>	
1. Entity Name <b>GULF COAST CUSTOM BUILDERS, LLC</b>	

Principal Place of Business <b>13790 N.W. 4TH STREET, SUITE 113 SUNRISE, FL 33325</b>	Mailing Address <b>13790 N.W. 4TH STREET, SUITE 113 SUNRISE, FL 33325</b>
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**14002780**



2. Principal Place of Business <b>7100 W. Camino Real</b> Suite, Apt. #, etc. <b>Suite 402</b> City & State <b>Boca Raton, FL</b> Zip <b>33433</b> Country <b>USA</b>	3. Mailing Address <b>7100 W. Camino Real</b> Suite, Apt. #, etc. <b>Suite 402</b> City & State <b>Boca Raton, FL</b> Zip <b>33433</b> Country <b>USA</b>
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04202005 Chg-LLC CR2E083 (10/03)

4. EFI Number <b>83-0427503</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ZEDECK, LEONARD E 13790 N.W. 4TH STREET, SUITE 113 SUNRISE, FL 33325</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER BOCA FUNDING GROUP, LLC 7100 W. CAMINO REAL SUITE 402 BOCA RATON FL 33433 <input checked="" 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 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 checked="" type="checkbox"/> Addition
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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 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:** Annley Bloom **4/9/05** **417-7115**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #