

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90026 009 \*\*\*\*50.00

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04102007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L04000010326</b> 1. Entity Name <b>GULF COAST CUSTOM BUILDERS, LLC</b>			
Principal Place of Business <b>6600 WEST ROGERS CIRCLE SUITE 14 BOCA RATON, FL 33487</b>		Mailing Address <b>6600 WEST ROGERS CIRCLE SUITE 14 BOCA RATON, FL 33487</b>	
2. Principal Place of Business - No P.O. Box # <b>1801 Clint Moore Rd</b> Suite, Apt. #, etc. <b># 217</b> City & State <b>Boca Raton, FL</b> Zip <b>33487</b>		3. Mailing Address <b>1801 Clint Moore Rd</b> Suite, Apt. #, etc. <b># 217</b> City & State <b>Boca Raton, FL</b> Zip <b>33487</b>	
4. FEI Number <b>33-0427503</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ZEDECK, LEONARD E 13790 N.W. 4TH STREET, SUITE 113 SUNRISE, FL 33325</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>CAMPBELL, GEORGE</b> <input type="checkbox"/> Delete <b>6600 WEST ROGER CIRCLE SUITE 14 BOCA RATON, FL 33487</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>CAMPBELL, GEORGE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1801 CLINT MOORE RD # 217 BOCA RATON FL-33487</b>
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
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.			
<b>SIGNATURE: <u>George Campbell</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<b>04/11/07 (561) 912-0029</b> <small>Date Daytime Phone #</small>	