

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017077

FILED  
Jul 16, 2008  
Secretary of State

**Entity Name:** GULF PALM INVESTMENTS, LLC

**Current Principal Place of Business:**

8421 ARBORFIELD COURT  
FORT MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

8421 ARBORFIELD COURT  
FORT MYERS, FL 33912 US

**New Mailing Address:**

FEI Number: 20-1706883      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WINESETT, RICHARD W  
2248 FIRST STREET  
FORT MYERS, FL 33901 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TSCHIDA, JANE M  
Address: 13414 LEXINGTON AVENUE  
City-St-Zip: HAM LAKE, MN 55304 US

Title: MGRM ( ) Delete  
Name: BOSTWICK, STEPHEN H  
Address: 8421 ARBORFIELD COURT  
City-St-Zip: FORT MYERS, FL 33912 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JANE M TSCHIDA

MS

07/16/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date