

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022956

Entity Name: GULF SHORE INVESTMENTS LLC

FILED
Sep 13, 2005
Secretary of State

Current Principal Place of Business:

1660 N TAMiami TRAIL
N FORT MYERS, FL 33903

New Principal Place of Business:

5236 ORANGE RIVER BLVD.
FORT MYERS, FL 33905

Current Mailing Address:

PO. BOX 50340
FORT MYERS, FL 33994

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

HENKEL, EVERETT E III
3023 NW 43RD PL
CAPE CORAL, FL 33993 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: HENKEL, EVERETT E III
Address: 3023 NW 43RD PL
City-St-Zip: CAPE CORAL, FL 33993

Title: MGR () Delete
Name: HENKEL, PENNY K
Address: 15861 TURNBRIDGE CT
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HENKEL, EVERETT E III
Address: PO BOX 50340
City-St-Zip: FT MYERS, FL 33994

Title: MGR (X) Change () Addition
Name: HENKEL, PENNY K
Address: PO BOX 50340
City-St-Zip: FORT MYERS, FL 33994

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EVERETT E HENKEL III

MNGR

09/13/2005

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