

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023092

Entity Name: GULFWYND HOMES, LLC

FILED
May 09, 2005
Secretary of State

Current Principal Place of Business:

545 DENBURN COURT
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

PO BOX 98
VENICE, FL 34284 US

New Mailing Address:

FEI Number: 20-1002184 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

CIMAGLIA, DANIEL
545 DENBURN COURT
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

CIMAGLIA, KERI L OWNER
545 DENBURN COURT
ENGLEWOOD, FL 34223 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: KERI L. CIMAGLIA

05/09/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CIMAGLIA, DANIEL
Address: 545 DENBURN COURT
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: MGR (X) Delete
Name: CIMAGLIA, KERI L
Address: 545 DENBURN COURT
City-St-Zip: ENGLEWOOD, FL 34223 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CIMAGLIA, KERI L
Address: 545 DENBURN COURT
City-St-Zip: ENGLEWOOD, FL 34223 US

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

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: KERI L. CIMAGLIA

MGR

05/09/2005

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