

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023557

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** GULF ISLANDS PROPERTIES, L.L.C.

**Current Principal Place of Business:**

5564 BRENTWATER PL  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

**Current Mailing Address:**

9721 HATHMAN LN.  
KELLER, TX 76248

**New Mailing Address:**

**FEI Number:** 20-0916321

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOUNTAIN, KENNETH F  
FOUNTAIN LAW FIRM, P.A.  
8438 GULF BLVD, STE A  
NAVARRE BEACH, FL 32566 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: MGRM ( ) Delete  
Name: RYAN, CHAD Z  
Address: 1492 HOMEPORT DR  
City-St-Zip: NAVARRE BEACH, FL 32566

Title: MGRM ( ) Delete  
Name: RYAN, JOANNE M  
Address: 1492 HOMEPORT DR  
City-St-Zip: NAVARRE BEACH, FL 32566

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RYAN, CHAD Z  
Address: 9721 HATHMAN LN  
City-St-Zip: KELLER, TX 76248

Title: MGRM (X) Change ( ) Addition  
Name: RYAN, JOANNE M  
Address: 9721 HATHMAN LN  
City-St-Zip: KELLER, TX 76248

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:** CHAD Z. RYAN

MGRM

03/19/2009

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