2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2006
Secretary of State

DOCUMENT# L04000025249

Entity Name: GULF COAST INSURANCE & FINANCIAL SERVICES, L.L.C.

Current Principal Place of Business:

2277 TRADE CENTER WAY STE 201
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

2277 TRADE CENTER WAY STE 201
NAPLES, FL 34109

New Mailing Address:

FEI Number: 20-0949696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMB, JEFFREY R
868 106TH AVENUE NORTH
NAPLES, FL 34108 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: GALT, CHRISTIAN
Address: 6803 OLD BANYAN WAY
City-St-Zip: NAPLES, FL 34109

Title: MGRM ( ) Delete
Name: DORIA, ALBERT
Address: 2345 STANFORD COURT, STE 602
City-St-Zip: NAPLES, FL 34112

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 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: CHRISTIAN R. GALT MGRM 01/25/2006

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