2008 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Apr 04, 2008 08:00 AN Secretary of State **DOCUMENT # L04000032896** 1. Entity Name 910 GULFVIEW, LLC Principal Place of Business Mailing Address 3743 SULPHUR SPRINGS RD 3743 SULPHUR SPRINGS RD TOLEDO, OH 43606 TOLEDO, OH 43606 02252008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 20-1072115 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TIMMERMAN, J. TODD DO NOT WRITE 101 E KENNEDY BLVD, STE 2800 TAMPA, FL 33602 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstaling) ed agent and title if applicable. FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS ММ TITLE MARKER, DAVID NAME 3743 SULPHUR SPRINGS RD STREET ADDRESS CITY-ST-ZIP **TOLEDO, OH 43606** TITLE U00000881415 04/15/08-80100-010 138.75 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my 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.

CITY-ST-ZIP