FILED
Feb 02, 2005 8:00 am
Secretary of State
01-11-2005 90021 001 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

1

DOCUMENT # L04000048965

1. Entity Name
GULF PROPERTIES OF FLORIDA LLC

Principal Place of Business	Mailing Address
1715 STICKNEY POINT RD., UNIT A12 SARASOTA, FL 34231	P.O. BOX 19049 SARASOTA, FL 34276

01052005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
6547 MIDNIGHT PASS	
Suite, Apt. #, etc.: SUITE 4	Suite, Apt. #, etc.
City & State: SARASOTA FL	City & State
Zip: 34242 Country: USA	Zip Country

4. FEI Number 59-3241926 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
LOBO, FRANCIS
1715 STICKNEY POINT RD., UNIT A12
SARASOTA, FL 34231

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOBO, FRANCIS 1715 STICKNEY POINT RD., UNIT A12 SARASOTA, FL 34231 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6547 MIDNIGHT PASS, SUITE 4 SARASOTA FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: FRANCIS LOBO 01/05/05 941-346-9319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #