
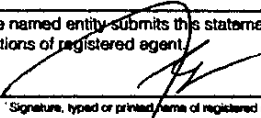
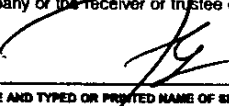


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000048965</b> 1. Entity Name <b>GULF PROPERTIES OF FLORIDA LLC</b>														
Principal Place of Business <b>6547 MIDNIGHT PASS SUITE 4 SARASOTA, FL 34242</b>	Mailing Address <b>P.O. BOX 19049 SARASOTA, FL 34276</b>													
<b>DO NOT WRITE IN THIS SPACE</b>														
5. Name and Address of Current Registered Agent  <b>LOBO, FRANCIS 1715 STICKNEY POINT RD., UNIT A12 SARASOTA, FL 34231</b>  <b>6547 Midnight Pass Road, Suite 4 Sarasota, FL 34242</b>		<b>DO NOT WRITE IN THIS SPACE</b>												
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  (NOTE: Registered Agent signature required when reinstating)  Filing Fee is \$50.00 Due by May 1, 2007														
9. MANAGING MEMBERS/MANAGERS <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><b>MGRM LOBO, FRANCIS 6547 MIDNIGHT PASS, SUITE 4 SARASOTA, FL 34242</b></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr></table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LOBO, FRANCIS 6547 MIDNIGHT PASS, SUITE 4 SARASOTA, FL 34242</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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.  SIGNATURE:  <b>F. LOBO</b> <b>1/4/07</b> <b>941-346-1951</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>														



01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**59-3241926**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

U00000666567  
03/23/07-80074-013 50.00

**DO NOT WRITE  
IN THIS SPACE**