


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90114 027 ****50.00

DOCUMENT # L04000049705 1. Entity Name GULF ISLAND DEVELOPMENT, LLC					
Principal Place of Business 38 BLUE ANGEL PKWY APT. 339 PENSACOLA FL 32506				Mailing Address 119 N. MCKENZIE ST. FOLEY AL 36535	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 3800 Cottages on the Greene Pkwy Suite, Apt. #, etc.			
City & State		City & State Foley, AL		4. FEI Number 03-0546720	
Zip 36535		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MUSGROVE, BETTY E 38 BLUE ANGEL PKWY APT. # 339 PENSACOLA FL 32506				7. Name and Address of New Registered Agent Name BETTY MUSGROVE Street Address (P.O. Box Number is Not Acceptable) 3800 Cottages on the Greene Pkwy 38 BLUE ANGEL PKWY, APT 339 City PENSACOLA FL Zip Code 32506	
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 <u><i>Betty Musgrove</i></u> (NOTE: Registered Agent Signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR MUSGROVE, J. WAYNE 6194 HWY 59, APT. B-2 GULF SHORES AL 36542	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM WHITT, JACK L 85 TIGER RUN ROAD BRECKENRIDGE CO 80424	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 <u><i>J. Wayne Musgrove</i></u> J. WAYNE MUSGROVE 30 JAN 07 (251) 979-4700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					