


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90131 007 \*\*\*\*50.00

<b>DOCUMENT # L04000049816</b>	
1. Entity Name <b>GULF COAST PLAZA, LLC</b>	

Principal Place of Business <b>3435 PINE RIDGE ROAD NAPLES FL 34109</b>	Mailing Address <b>3435 PINE RIDGE ROAD NAPLES FL 34109</b>
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2. Principal Place of Business <b>7775 Preserve Lane</b>	3. Mailing Address <b>PO Box 112979</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Naples, FL</b>	City & State <b>Naples, FL</b>
Zip <b>34109</b>	Country <b>C</b>

1st MOORE	CR2E083 (10/05)
4. FEI Number <b>20-1355783</b>	Applied For <input type="checkbox"/> Not Applicable
NO-T APPLICABLE	

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>R &amp; A AGENTS, INC. 850 PARKSHORE DRIVE, 3RD FLOOR C/O WILLIAM R. ONEILL NAPLES FL 34103-3587</b>	
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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	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State.</b> <b>Due By May 1, 2006</b>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MCINNIS, MARTIN E 8774 MUIRFIELD DRIVE NAPLES FL 34109</b>
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

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR McInnis Martin 8774 Muirfield Drive - Palmetto Beach Naples, FL 34110</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO Domenick Lepp 14784 Pinnacle Pl Naples, FL 34119</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date: <b>3/2/06</b>	Daytime Phone #: <b>508-989-4873</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		