

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000054277

**FILED**  
**Apr 24, 2006**  
**Secretary of State**

**Entity Name:** GULF SANDS COMMERCIAL VENTURES, LLC

**Current Principal Place of Business:**

26381 SOUTH TAMIAMI TRAIL  
SUITE 300  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

26381 SOUTH TAMIAMI TRAIL  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

26381 SOUTH TAMIAMI TRAIL  
SUITE 300  
BONITA SPRINGS, FL 34134

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAUER, RICHARD A  
26381 SOUTH TAMIAMI TRAIL  
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

LAUER, FREIDA  
26381 SOUTH TAMIAMI TRAIL  
SUITE 300  
BONITA SPRINGS, FL 34134 US

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.

SIGNATURE: FREIDA LAUER

04/24/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LAUER, RICHARD A  
Address: 26381 SOUTH TAMIAMI TRAIL  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LAUER, FREIDA  
Address: 26381 SOUTH TAMIAMI TRAIL #300  
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FREIDA LAUER

MGR

04/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date