

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90039 034 ****50.00

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01092007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000054277 1. Entity Name GULF SANDS COMMERCIAL VENTURES, LLC					
Principal Place of Business 26381 SOUTH TAMIAMI TRAIL SUITE 300 BONITA SPRINGS, FL 34134			Mailing Address 26381 SOUTH TAMIAMI TRAIL SUITE 300 BONITA SPRINGS, FL 34134		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LAUER, FREIDA 26381 SOUTH TAMIAMI TRAIL SUITE 300 BONITA SPRINGS, FL 34134			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 _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAUER, FREIDA 26381 SOUTH TAMIAMI TRAIL #300 BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete			
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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: _____ 4/23/07 Date Daytime Phone #					