2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000055202

1. Entity Name

Principal Place of Business

GULF COAST CONTRACTING, LLC



Mailing Address

502 SOUTH FLORIDA AVENUE, UNIT 124 TARPON SPRINGS, FL 34689

502 SOUTH FLORIDA AVENUE, UNIT 124 TARPON SPRINGS, FL 34689

FILED Feb 05, 2007 8:00 am Secretary of State

02-05-2007 90202 015 ****50.00

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01052007 No Chg-LLC

CR2E083 (11/05)

. FEI Number		Applied For
20-1424580	<u> </u>	Not Applicable
	\$5,00	Additional

5. Certificate of Status Desired

Fee Required

6	. Name	and A	ddress	of Current	Registered	Agent

502 SOUT	S, MANUEL H FLORIDA AVENUE, UNIT 124 SPRINGS, FL 34689	DO NOT WRITE IN THIS SPACE
the obligat	ions of registered agent.	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signaturi, lyped or printed name of registered agent and title if applicable. (NO1E: Registered	Agent signature required whon reinstating) DATE
Fi Di	iling Fee is \$50.00 ue by May 1, 2007	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGR GIALOUSIS, MANUEL 502 S. FLORIDA AVE #124 TARPON SPRINGS, FL 34689	DO NOT WRITE
ITILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS GITY-ST-ZIP		

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 postee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: