## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000055797

**GULF STATE PROPERTIES LLC** 



Principal Place of Business

Mailing Address

5111 OCEAN BLVD. SARASOTA, FL 34242

SUITE C

5111 OCEAN BLVD. SUITE C SARASOTA, FL 34242

**FILED** Apr 26, 2007 08:00 AM Secretary of State



04182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	Applied For
33-1097878	Not Applicable
	 \$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

SILVERSTEIN, THOMAS B 3054 MARKRIDGE RD. SARASOTA, FL 34231

CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of cha ions of registered agent.	nging its registered of	lice or registered agent, or both, in the	ne State of Florida. I am familiar with, and accept
SIGNATURE.				
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agen	I signature required when reinstating)	DATE
FI D	iling Fee Is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		*****	
TITLE	MGR			
NAME	SILVERSTEIN, THOMAS B			
STREET ADDRESS	3054 MARKRIDGE RD.			يعن بعن بعن بعن بعن بعن بعن بعن بعن الم
CITY-ST-ZIP	SARASOTA, FL 34231		or.	U00000735398 /10/07-80032-004 50.00
TITLE			ປຽ	/10/07-80032-004 50.00
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET AODRESS			DO 14	OT MOITE
CITY-ST-ZIP			א סט	OT WRITE
TITLE			INI TIJ	IC CDACE
NAME			IIN I I	IS SPACE
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS		l l		
CITY-ST-ZIP		1		
TITLE				
NAME				,
CIDICI ADDDCCC				

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE