

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000064715

1. Entity Name

GULF COAST PROPERTIES OF MICHIGAN, LLC



Principal Place of Business

**7372 MAPLE MILL COURT
WEST BLOOMFIELD, MI 48323**

Mailing Address

**7372 MAPLE MILL COURT
WEST BLOOMFIELD, MI 48323**



01182006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

80-0122003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SILVER, CHARLES H
7372 MAPLE MILL COURT
WEST BLOOMFIELD, MI 48323**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RUDEKI, WILLIAM
24920 NORTH CORNWELL
FRANLIN, MI 48025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100000567863
06/26/06-80005-023 50.00

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IN THIS SPACE**

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

6-8-06

Date

810 444 3264

Daytime Phone #