

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067676

FILED
Apr 24, 2008
Secretary of State

Entity Name: GULFVIEW LIFESTYLES, L.L.C.

Current Principal Place of Business:

191 TORREY PINES POINT
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

191 TORREY PINES POINT
NAPLES, FL 34113

New Mailing Address:

FEI Number: 20-1634718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOLD, JOHN A
955 NORTH COLLIER BLVD.
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

ZYWICA, MARIA J MGRM
191 TORREY PINES PT
NAPLES, FL 34113 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: MARIA J ZYWICA

04/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZYWICA, LAWRENCE
Address: 191 TORREY PINES POINT
City-St-Zip: NAPLES, FL 34113

Title: MGRM () Delete
Name: ZYWICA, MARIA
Address: 191 TORREY PINES POINT
City-St-Zip: NAPLES, FL 34113

Title: MGRM () Delete
Name: ALDERSON, PATRICIA F
Address: 8222 LESOURDSVILLE/WC ROAD
City-St-Zip: WEST CHESTER, OH 45069

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARIA J ZYWICA

MGRM

04/24/2008

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