2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L04000067676

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

Current Principal Place of Business:

191 TORREY PINES POINT
NAPLES, FL 34113

New Principal Place of Business:

995 NORTH COLLIER BOULEVARD
MARCO ISLAND, FL 34145 US

Current Mailing Address:

191 TORREY PINES POINT
NAPLES, FL 34113

New Mailing Address:

995 NORTH COLLIER BOULEVARD
MARCO ISLAND, FL 34145 US

FEI Number: 20-1634718 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SCHENK & ASSOCIATES, PLC
995 NORTH COLLIER BOULEVARD
MARCO ISLAND, FL 34145 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: MAXIMILIAN J. SCHENK, ESQ. 04/30/2008
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 (X) Delete
Name: ZYWICA, MARIA
Address: 191 TORREY PINES POINT
City-St-Zip: NAPLES, FL 34113

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

ADDITIONS/CHANGES:

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

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: PATRICIA F. ALDERSON MGRM 04/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date