

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

04-29-2005 90034 030 ****55.00

DOCUMENT # L04000077504 1. Entity Name GULF FOUNDATION AT COCO PLUM, LLC					
Principal Place of Business 4850 W. GANDY BLVD. TAMPA, FL 33611			Mailing Address P.O. BOX 13934 TAMPA, FL 33681		
2. Principal Place of Business 1323 Ave H Coco Plum Suite, Apt. #, etc.		3. Mailing Address 1323 Ave H Coco Plum Suite, Apt. #, etc.			
City & State Marathon, FL 33050 Zip 33050 Country		City & State Marathon, FL 33050 Zip 33050 Country		4. FEI Number 270123408	
5. Certificate of Status Desired EX \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WATKINS, DAVID R 11060 45TH AVE NORTH ST. PETERSBURG, FL 33703			7. Name and Address of New Registered Agent Name Mark Smith Street Address (P.O. Box Number is Not Acceptable) 1323 Ave H Coco Plum City Marathon FL Zip Code 33050		
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 <u><i>Mark W. Smith</i></u> 04/05/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, MARK 1323 AVENUE H, COCO PLUM DRIVE MARATHON, FL 33050	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATKINS, DAVID R 4850 W GANDY BLVD. TAMPA, FL 33611	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Mark W. Smith</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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