

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078585

FILED
Jan 14, 2009
Secretary of State

Entity Name: GULF MANAGEMENT, LLC

Current Principal Place of Business:

340 BUNKERS COVE ROAD
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

340 BUNKERS COVE ROAD
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 20-1811327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNN, NEAL P
340 BUNKERS COVE ROAD
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DUNN, NEAL P
Address: 340 BUNKERS COVE ROAD
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM () Delete
Name: JONES, NEIL C
Address: 2301 NORTH HARBOUR DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM () Delete
Name: MORRIS, AMOS H JR
Address: 2109 NORTH HARBOUR DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM () Delete
Name: STEIN, ANDREW W
Address: 3315 HARBOUR PLACE
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM () Delete
Name: REISS, CHRISTINE L
Address: 338 BUNKERS COVE ROAD
City-St-Zip: PANAMA CITY, FL 32401

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:

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: CHRISTINE L REISS

MGRM

01/14/2009

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