


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000081140 1. Entity Name GULFSHORE MANAGEMENT GROUP, LLC	
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Principal Place of Business 28521 RAFFINI LANE BONITA SPRINGS, FL 34135	Mailing Address 28521 RAFFINI LANE BONITA SPRINGS, FL 34135
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DO NOT WRITE IN THIS SPACE



01092008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1859480	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

WILEY, BILL
28521 RAFFINI LANE
BONITA SPRINGS, FL 34135

**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: *Bill Wiley, Managing Member* DATE: 2/3/08

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILEY, BILL 28521 RAFFINI LANE BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILEY, CAROL E 28521 RAFFINI LANE BONITA SPRINGS, FL 34135
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02/15/08-80035-019 138.75

**DO NOT WRITE
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: *Bill Wiley MGRM* DATE: 1/9/08 DAYTIME PHONE: 239-947-7021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE