

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081903

FILED
Feb 06, 2007
Secretary of State

Entity Name: GULF COAST SURVEYORS, LLC

Current Principal Place of Business:

36008 EMERALD COAST PARKWAY
SUITE A101
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

36008 EMERALD COAST PARKWAY
SUITE A101
DESTIN, FL 32541 US

New Mailing Address:

FEI Number: 20-1867600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGILL, ROBERT E III
36008 EMERALD COAST PARKWAY
SUITE 301
DESTIN, FL 32541 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: MGR () Delete
Name: LENENTINE, CHARLES E
Address: 36008 EMERALD COAST PKWY STE A101
City-St-Zip: DESTIN, FL 32541

Title: MGR () Delete
Name: MCGILL, ROBERT E III
Address: 36008 EMERALD COAST PKWY STE 301
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: DANIEL, FRANK G
Address: 36008 EMERALD COAST PKWY STE A101
City-St-Zip: DESTIN, FL 32541

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 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: CHARLES E. LENENTINE

MGR

02/06/2007

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