2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000088068

1. Entity Name
JORDAN GULF COAST PROPERTIES, LLC

Principal Place of Business	Mailing Address
520 GULF SHORE DRIVE UNIT 217 DESTIN, FL 32541	555 MASON ROAD SOUTH ST. LOUIS, MO 63141

DO NOT WRITE IN THIS SPACE

02272008No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-1968205
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JORDAN, RICHARD F
520 GULF SHORE DRIVE UNIT 217
DESTIN, FL 32541

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

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

#1072

138.75 FEE
5.00 CERTIFICATE OF STATUS
143.75 TOTAL

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JORDAN, RICHARD F
STREET ADDRESS	520 GULF SHORE DRIVE UNIT 217
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000844321
03/12/08-80030-028 143.75

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: A.F. Jordan 2/27/08 314-458-3720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #