2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091645

Entity Name: GULF COAST SMILES 1, L.L.C.

FILED Sep 04, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1519 SE 47TH STREET 4905 CHIQUITA S BLVD CAPE CORAL, FL 33904 CAPE CORAL, FL 33914

Current Mailing Address: New Mailing Address:

1519 SE 47TH STREET 4905 CHIQUITA S BLVD CAPE CORAL, FL 33904 CAPE CORAL, FL 33914

FEI Number: 20-2033542 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARTINEZ, MAURICIO
1519 SE 47TH ST
CAPE CORAL, FL 33904 US

MARTINEZ, MAURICIO
4905 CHIQUITA S BLVD
CAPE CORAL, FL 33914 US

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: MAURICIO MARTINEZ 09/04/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 MARTINEZ, MAURICIO
 Name:
 MARTINEZ, MAURICIO

 Address:
 1519 SE 47TH STREET
 Address:
 4905 CHIQUITA S BLVD

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:
 CAPE CORAL, FL 33914

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: MAURICIO MARTINEZ PRES 09/04/2007