

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000094225

1. Entity Name
GULF INVESTORS LLC



Principal Place of Business

**205 WEST BUSCH BOULEVARD
200
TAMPA, FL 33612**

Mailing Address

**205 WEST BUSCH BOULEVARD
200
TAMPA, FL 33612**

DO NOT WRITE IN THIS SPACE



01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2074973

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CLARKE, ROBERT
205 WEST BUSCH BOULEVARD
200
TAMPA, FL 33612**

**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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CLARKE, ROBERT M
205 W. BUSCH BLVD., SUITE 200
TAMPA, FL 33612**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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01/05/07-80005-001 50.00

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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:

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

1/3/07 813-933-4084
Date Daytime Phone #