

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 07, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000005174**

1. Entity Name  
**GULF WEBDEV, LLC**



Principal Place of Business  
**5142 BLUE HERON DRIVE  
NEW PORT RICHEY, FL 34652**

Mailing Address  
**5142 BLUE HERON DRIVE  
NEW PORT RICHEY, FL 34652**



08032007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2244928**

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CARAWAY, HUGH L III  
5142 BLUE HERON DRIVE  
NEW PORT RICHEY, FL 34652**

**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 September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CARAWAY, HUGH L JR.  
405 N. ST. MARY'S ST., SUITE 850  
SAN ANTONIO, TX 78205**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CARAWAY, IRMA  
405 N. ST. MARY'S ST., SUITE 850  
SAN ANTONIO, TX 78205**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CARAWAY, HUGH L III  
5142 BLUE HERON DRIVE  
NEW PORT RICHEY, FL 34652**

TITLE  
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CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

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09/07/07-80004-014 50.00

**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:

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

**8/2/07 210-281-1469**

Date

Daytime Phone #