2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 17, 2007
Secretary of State

DOCUMENT# L05000029434

Entity Name: GULF COUNTY JOINT VENTURE, LLC

Current Principal Place of Business:

1911 CAPITAL CIRCLE N.E.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1911 CAPITAL CIRCLE N.E.
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 26-0663043 **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:

BOYD, JOSEPH R
1407 PIEDMONT DRIVE EAST
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

FRANCESCHI, DUANE A
2909 IVANHOE ROAD
TALLAHASSEE, FL 32312 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: DUANE A. FRANCESCHI 07/17/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FRANCESCHI, DUANE
Address: 2909 IVANHOE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Delete
Name: FRANCESCHI, LEE ANN
Address: 2909 IVANHOE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

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 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: DUANE A. FRANCESCHI MGRM 07/17/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date