

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029434

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: GULF COUNTY JOINT VENTURE, LLC

## Current Principal Place of Business:

2909 IVANHOE RD.  
TALLAHASSEE, FL 32312

## New Principal Place of Business:

2909 IVANHOE RD.  
TALLAHASSEE, FL 32312 US

## Current Mailing Address:

P.O. BOX 1773  
TALLAHASSEE, FL 32302

## New Mailing Address:

P.O. BOX 1773  
TALLAHASSEE, FL 32302 US

FEI Number: 26-0663043

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRANCESCHI, DUANE A  
2909 IVANHOE ROAD  
TALLAHASSEE, FL 32312 US

## Name and Address of New Registered Agent:

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:

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: MGRM (X) Change ( ) Addition  
Name: FRANCESCHI, DUANE  
Address: 2909 IVANHOE ROAD  
City-St-Zip: TALLAHASSEE, FL 32312 US

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

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 FRANCESCHI

CHRM

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date