

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029837

FILED
Apr 30, 2007
Secretary of State

Entity Name: GULFVIEW LIFESTYLES II, L.L.C.

Current Principal Place of Business:

191 TORREY PINES POINT
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

191 TORREY PINES POINT
NAPLES, FL 34113

New Mailing Address:

FEI Number: 20-2579020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHN A. NOLD, P.A.
995 NORTH COLLIER BLVD.
MARCO ISLAND, FL 34145 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: ZYWICA, LAWRENCE
Address: 191 TORREY PINES POINT
City-St-Zip: NAPLES, FL 34113

Title: MGRM () Delete
Name: ZYWICA, MARIA
Address: 191 TORREY PINES POINT
City-St-Zip: NAPLES, FL 34113

Title: MGRM () Delete
Name: ALDERSON, PATRICIA F
Address: 8222 LESOURDSVILLE/WC ROAD
City-St-Zip: WEST CHESTER, OH 45069

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARIA ZYWICA

MGRM

04/30/2007

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