

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000029837

FILED
May 01, 2008
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:**995 NORTH COLLIER BOULEVARD
MARCO ISLAND, FL 34145 US**Current Mailing Address:**191 TORREY PINES POINT
NAPLES, FL 34113**New Mailing Address:**995 NORTH COLLIER BOULEVARD
MARCO ISLAND, FL 34145 US**FEI Number:** 20-2579020**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ZYWICA, MARIA J MGRM
191 TORREY PINES PT
NAPLES, FL 34113 US**Name and Address of New Registered Agent:**SCHENK & ASSOCIATES, PLC
995 NORTH COLLIER BOULEVARD
MARCO ISLAND, FL 34145 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: MAXIMILIAN J. SCHENK, ESQ.

05/01/2008

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 (X) Delete
Name: ZYWICA, MARIA
Address: 191 TORREY PINES POINT
City-St-Zip: NAPLES, FL 34113**Title:** MGRM (X) Delete
Name: ALDERSON, PATRICIA F
Address: 8222 LESOURDSVILLE/WC ROAD
City-St-Zip: WEST CHESTER, OH 45069**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: ALDERSON, PATRICIA F
Address: 8222 LESOURDSVILLE / WC ROAD
City-St-Zip: WEST CHESTER, OH 45069 US**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: PATRICIA F. ALDERSON

MGRM

05/01/2008

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