2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L05000029837

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

Current Principal Place of Business:

995 NORTH COLLIER BOULEVARD
MARCO ISLAND, FL 34145 US

New Principal Place of Business:

1345 CAXAMBAS CT
MARCO ISLAND, FL 34145 US

Current Mailing Address:

995 NORTH COLLIER BOULEVARD
MARCO ISLAND, FL 34145 US

New Mailing Address:

191 TORREY PINES PT
NAPLES, FL 34113

FEI Number: 20-2579020 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHENK & ASSOCIATES, PLC
995 NORTH COLLIER BOULEVARD
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

ZYWICA, MARIA J MGR
191 TORREY PINES PT
NAPLES, FL 34113 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: MARIA J ZYWICA 04/27/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: ZYWICA, MARIA J MGR
Address: 191 TORREY PINES PT
City-St-Zip: NAPLES, FL 34113

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 J ZYWICA MGR 04/27/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date