

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031153

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: GULF COAST INSURANCE GROUP, LLC

## Current Principal Place of Business:

2560 GOLDEN GATE BLVD.  
NAPLES, FL 34117

## New Principal Place of Business:

15205 COLLIER BLVD., STE 107  
NAPLES, FL 34119

## Current Mailing Address:

2560 GOLDEN GATE BLVD.  
NAPLES, FL 34117

## New Mailing Address:

15205 COLLIER BLVD., STE 107  
NAPLES, FL 34119

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DORIA, ALBERT J  
2345 STANFORD CT., STE 602  
NAPLES, FL 34112 US

## Name and Address of New Registered Agent:

DORIA, ALBERT J  
888 GRAND RAPIDS BLVD.  
NAPLES, FL 34120 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: ALBERT DORIA, JR

04/30/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: DORIA, ALBERT JR  
Address: 2345 STANFORD CT., STE. 602  
City-St-Zip: NAPLES, FL 34112

Title: MGRM ( ) Delete  
Name: DORIA, ALBERT SR  
Address: 2560 GOLDEN GATE BLVD  
City-St-Zip: NAPLES, FL 34117

Title: MGRM ( ) Delete  
Name: DORIA, VERONICA  
Address: 2560 GOLDEN GATE BLVD  
City-St-Zip: NAPLES, FL 34117

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

## 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:

Title: MGRM ( ) Change (X) Addition  
Name: DORIA, MARIO  
Address: 889 GRAND RAPIDS BLVD.  
City-St-Zip: NAPLES, FL 34120 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ALBERT DORIA, JR

MGRM

04/30/2006

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