

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038617

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: GULF BEACH PROPERTIES, LLC

**Current Principal Place of Business:**

437 HAVEN POINT DRIVE  
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

437 HAVEN POINT DRIVE  
TREASURE ISLAND, FL 33706

**New Mailing Address:**

FEI Number: 20-4172669

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TURNER-HAHN, CARLA ESQ  
4701 CENTRAL AVENUE, SUITE A  
ST. PETERSBURG, FL 33713 US

**Name and Address of New Registered Agent:**

TURNER-HAHN, CARLA ESQ  
4701 CENTRAL AVENUE  
SUITE A  
ST. PETERSBURG, FL 33713 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: CARLA TURNER-HAHN

04/23/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PIATT, THERESSA SUE  
Address: 437 HAVEN POINT DRIVE  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: MGR ( ) Delete  
Name: DRISCOLL, LISA SUE  
Address: 437 HAVEN POINT DRIVE  
City-St-Zip: TREASURE ISLAND, FL 33706

**ADDITIONS/CHANGES:**

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 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: THERESSA SUE PIATT

MGR

04/23/2007

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