

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000042267

FILED
Sep 20, 2008
Secretary of State

Entity Name: GULF COAST CELL PHONES, LLC

Current Principal Place of Business:

2221 SANTA BARBARA BLVD
CAPE CORAL, FL 33991

New Principal Place of Business:

Current Mailing Address:

2221 SANTA BARBARA BLVD
CAPE CORAL, FL 33991

New Mailing Address:

FEI Number: 76-0790870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OTERO, JOHN R
7388 SIKI DEER WAY
FT MYERS, FL 33966 US

Name and Address of New Registered Agent:

FATMI, SHAHZAD A
2221 SANTA BARBARA BLVD
CAPE CORAL, FL 33991 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: SHAHZAD A.FATMI

09/20/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OTERO, JOHN R
Address: 7388 SIKI DEER WAY
City-St-Zip: FT MYERS, FL 33966

Title: MGRM () Delete
Name: OTERO, BEVERLY
Address: 7388 SIKI DEER WAY
City-St-Zip: FT MYERS, FL 33966

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FATMI, SHAHZAD A
Address: 2221 SANTA BARBARA BLVD
City-St-Zip: CAPE CORAL, FL 33991 US

Title: MGRM (X) Change () Addition
Name: MUNEER, FAZAL
Address: 2221 SANTA BARBARA BLVD
City-St-Zip: CAPE CORAL, FL 33991 US

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: SHAHZAD A FATMI

MGRM

09/20/2008

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