

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000042267

**FILED**  
**Oct 24, 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:**FATMI, SHAHZAD A  
2221 SANTA BARBARA BLVD  
CAPE CORAL, FL 33991 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MGRM ( ) Delete  
**Name:** FATMI, SHAHZAD A  
**Address:** 2221 SANTA BARBARA BLVD  
**City-St-Zip:** CAPE CORAL, FL 33991 US**Title:** MGRM (X) Delete  
**Name:** MUNEEER, FAZAL  
**Address:** 2221 SANTA BARBARA BLVD  
**City-St-Zip:** CAPE CORAL, FL 33991 US**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 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 FATMI

MGRM

10/24/2008

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