

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90350 019 \*\*\*\*50.00

<b>DOCUMENT # L05000050892</b> 1. Entity Name <b>GULFSIDE ASSOCIATES PROPERTY MANAGEMENT, L.L.C.</b>			
Principal Place of Business <b>1026 S. TOWN AND RIVER DRIVE FT. MYERS, FL 33919-6119 US</b>		Mailing Address <b>P.O. BOX 100204 CAPE CORAL, FL 33910 US</b>	
2. Principal Place of Business - No P.O. Box # <b>2909 SE 22nd Pl</b>		3. Mailing Address <b>Gulfside Associates</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>P.O. Box 100204</b>	
City & State <b>Cape Coral FL</b>		City & State <b>Cape Coral, FL</b>	
Zip <b>33904</b>		Zip <b>33910</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>25-1916502</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>O'BRIEN, DARRIN G 1026 S. TOWN AND RIVER DRIVE FT. MYERS, FL 33919-6119</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u></u> (NOTE: Registered Agent signature required when reinstating)			
DATE <b>4/07/2007</b>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM O'BRIEN, DARRIN G 1026 S. TOWN AND RIVER DRIVE FT. MYERS, FL 339196119</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM HARDY, TIMOTHY W 1026 S. TOWN AND RIVER DRIVE FT. MYERS, FL 339196119</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SINGING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE <b>4/7/2007</b> <small>Daytime Phone #</small>	

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