


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 07, 2008 08:00 AM
Secretary of State

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| DOCUMENT # L05000058676 |  |
| 1. Entity Name GRZYBOWSKI GULF PROPERTIES, LLC | |

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|---|---|
| Principal Place of Business 6408 BADGER DRIVE TAMPA FL 33610 | Mailing Address 6408 BADGER DRIVE TAMPA FL 33610 |
|---|---|



| | |
|---|---------------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

1st MOORE CR2E083 (10/07)

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|------------------------------------|--|
| 4. FEI Number 20-3511657 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent WHITAKER, DANIEL D CAREY, O'MALLEY, WHITAKER & MANSON, P.A. 712 SOUTH OREGON AVENUE TAMPA FL 33606-2543 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Register or file part of statement not used when registering.) **DATE** _____

FILE NOW!!! FEE IS \$138.75.
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GRZYBOWSKI, KENNETH F 6408 BADGER DRIVE TAMPA FL 33610 <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 | U000000818992 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/15/08-80065-016 138.75 |
| 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 Section 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: K. J. Grzybowski; Kenneth F. Grzybowski 2/4/08 813-621-577