

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000059881

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** GULF RESIDENTIAL PARTNERS II, LLC

**Current Principal Place of Business:**

7770 SPENCER-PARRISH RD.  
PARRISH, FL 34219

**New Principal Place of Business:**

5801 S. US HWY 1  
FORT PIERCE, FL 34982

**Current Mailing Address:**

7770 SPENCER-PARRISH RD.  
PARRISH, FL 34219

**New Mailing Address:**

5801 S. US HWY 1  
FORT PIERCE, FL 34982

FEI Number: 20-2485738

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SNEED, LINDA S  
7770 SPENCER-PARRISH RD.  
PARRISH, FL 34219 US

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

SNEED, LINDA S  
5801 S. US HWY 1  
FORT PIERCE, FL 34982 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: LINDA S. SNEED

04/20/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SNEED, LINDA S  
Address: 5801 S. US HWY 1  
City-St-Zip: FORT PIERCE, FL 34982

Title: MGR  
Name: SNEED, HARVEY L  
Address: 5801 S. US HWY 1  
City-St-Zip: FORT PIERCE, FL 34982

I hereby 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: LINDA S. SNEED

MGRM

04/20/2011

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