2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT



FILED Jan 24, 2008 8:00 am Secretary of State

DOCUMENT # L05000061472 1. Entity Name S & S PROPERTIES OF THE GULF COAST, L.L.C.						01-24-2008 90070 005 ***138.75				
Principal Place of Business 4 LAGUNA STREET, SUITE 201 FT. WALTON BEACH, FL 32548 Mailing Address 4 LAGUNA STREET, SUITE 201 FT. WALTON BEACH, FL 32548 FT. WALTON BEACH, FL 3254					3	6000	3622			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01112008	Chg-LLC	CR2E08	3 (12/06)	
City & State			City & State			4. FEI Numbe NOT AP	PLICABLE			plied For at Applicable
Zip	Country		Zip	Coun	try	<u>. </u>	of Status Desired	LJ Ė	5.00 Add ee Require	
	6. Name	and Address of Current R	7. Name and Address of New Registered Agent Name							
SCHWEIZER, JEFFREY L 4 LAGUNA STREET, SUITE 201					Street Address	(P.O. Box Numbe	r is Not Acceptable)		
FT. WALTON BEACH, FL 32548						··				
					City			FL	Zip Code	е
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 Sprature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OATE										
	Signature, typed	or printed name of registered agent an	отпе гаррьсарів (NOTE	: Hegislere	3 Agent signature require	a when reinstating)	i je je spija	DATE TO BE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						:	Florida			
9.	MANAGING MEMBERS/M						ADDITIONS/			
TITLE NAME	SCHWEIZER, JEFF		☐ Delete	NAM	1				☐ Change	Addition
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP				TITLE	· SI - ZIP				☐ Change	☐ Addition
NAME			" NAME						Onungo	
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NAME				NAM						
STREET ADDRESS CITY-ST-ZIP	ļ				ET ADDRESS -ST-ZIP					
11. I hereby certify that the information supplied with this titing toos 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 traiting 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.										
iiiniteo lia	ыну сопра	ny or the receiver or trustee	empowered to execute this i	epon as	reduited by Chat	AUTOUO, FIURIDA S	natules.	•		ļ

SIGNATURE: SIGNATURE and typed or printed name of signing manager manager, or authorized representative