

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 06, 2007 8:00 am**  
**Secretary of State**

08-06-2007 90056 030 \*\*\*\*50.00

**DOCUMENT # L05000062408**

1. Entity Name  
GULF COMMERCIAL PROPERTY, LLC



Principal Place of Business  
20001 GULF BLVD., SUITE 5  
INDIAN SHORES, FL 33785

Mailing Address  
20001 GULF BLVD., SUITE 5  
INDIAN SHORES, FL 33785

00004610



07312007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3062924

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ARSENAULT, KENNETH G JR.  
ARSENAULT LAW GROUP, P.A.  
10225 ULMERTON ROAD, SUITE 2  
LARGO, FL 33771

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IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
PAGE, STEPHEN J  
20001 GULF BLVD., SUITE 5  
INDIAN SHORES, FL 33785

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
LYONS, ROBERT E  
PO BOX 1834  
LARGO, FL 33779

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

8/11/07

Daytime Phone #