2007 LIMITED LIABILITY ANNUAL REPORT (AR)

IMPORTANT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000064750

1. Entity Name

GULF BLVD PARTNERS-ONE LLC

Principal Place of Business	Mailing Address
7065 WESTPOINT BLVD. SUITE 303 ORLANDO FL 32835 US	7065 WESTPOINT BLVD. SUITE 303 ORLANDO FL 32835 US

1st MOORE CR2E083 (10/06)

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

4. FEI Number 20-3135632 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLEETING, ROBERT 7065 WESTPOINT BLVD. SUITE 303 ORLANDO FL 32835	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FLEETING, ROBERT 7065 WESTPOINTE DRIVE #303 ORLANDO FL 32802 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CHADWICK, HARRY R 7065 WESTPOINTE DRIVE #303 ORLANDO FL 32802 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	U00000743917 05/15/07-80128-008 $50.00 ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HANSEN, THOMAS O 7065 WESTPOINTE DRIVE #303 ORLANDO FL 32802 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GASKIN, MICHAEL K 9600 KOGER BLVD. #105 SAINT PETERSBURG FL 33702 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: I Lowell O. Hanson MGRM 04-27-07 4075322114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #