2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE AND TYPED OR PR

May 01, 2008 08:00 AN Secretary of State **DOCUMENT # L05000089012** 1. Entity Name GULF COAST ASSET MANAGEMENT, LLC Principal Place of Business Mailing Address 4352 BAYOU RIDGE DRIVE C/O DEBRA WALKER 4352 BAYOU RIDGE DR. PACE, FL 32571 PACE, FL 32571 04252008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPA Applied For 4. FEI Number Not Applicable 20-3366097 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALKER, DEBRA L DO NOT WRITE 4352 BAYOU RIDGE DRIVE PACE, FL 32571 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. U000000936419 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 05/27/08-80008-023 138.75 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM RICHARDS, SHEILA N NAME 4774 HICKORY SHORES BLVD. STREET ADDRESS **GULF BREEZE, FL** CITY-ST-ZIP TITLE WALKER, DEBRA L NAME STREET ADDRESS 4352 BAYOU RIDGE DRIVE CITY-ST-ZIP PACE, FL 32571 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP 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.

NTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED