

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000089012

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** GULF COAST ASSET MANAGEMENT, LLC

**Current Principal Place of Business:**

4352 BAYOU RIDGE DRIVE  
PACE, FL 32571

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DEBRA WALKER  
4352 BAYOU RIDGE DR.  
PACE, FL 32571

**New Mailing Address:**

**FEI Number:** 20-3366097

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALKER, DEBRA L  
4352 BAYOU RIDGE DRIVE  
PACE, FL 32571 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** HALE, SHEILA N  
**Address:** 31620 ASHLEY CIRCLE  
**City-St-Zip:** SPANISH FORT, AL 36527

**Title:** MGR  
**Name:** WALKER, DEBRA L  
**Address:** 4352 BAYOU RIDGE DRIVE  
**City-St-Zip:** PACE, FL 32571

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:** DEBRA L. WALKER

MGR

03/30/2011

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