


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90352 025 \*\*\*\*55.00

<b>DOCUMENT # L05000091670</b> 1. Entity Name <b>GULF COAST, L.L.C.</b>					
Principal Place of Business <b>8135 LAKE WORTH ROAD STE B LAKE WORTH, FL 33467</b>			Mailing Address <b>8135 LAKE WORTH ROAD STE B LAKE WORTH, FL 33467</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>13-4307592</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>COLMAN, NANCY B 150 E. PALMETTO PARK ROAD BOCA RAON, FL 33432</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right;"><b>FL</b></div> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PECHTER, JEFFREY 8135 LAKE WORTH ROAD STE B LAKE WORTH, FL 33467</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BLOCK, STEPHEN 8135 LAKE WORTH ROAD STE B LAKE WORTH, FL 33467</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>3/9/06</b> <b>561-357-0121</b> <small>Date Daytime Phone #</small>		