2007 LIMITED LIABILITY COMPANY

FILED May 07, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # L05000102601** 1. Entity Name 1309 GULF BLVD. LLC Principal Place of Business Mailing Address 1309 GULF BOULEVARD 337 12TH AVE INDIAN ROCKS BEACH, FL 33785 INDIAN ROCKS BEACH, FL 33785 05032007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3661469 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WARD, R. CARLTON ESQ. DO NOT WRITE RICHARDS, GILKEY, FITE, ET AL. 1253 PARK STREET IN THIS SPACE CLEARWATER, FL 33756 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 tate if applicable DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 14, 2007 MANAGING MEMBERS/MANAGERS MGR TITLE LOPEZ, PETE NAME STREET ADDRESS 337 12TH AVE U08080762475 INDIAN ROCKS BEACH, FL 33785 CITY-ST-ZIP 05/29/07-80005-023 50.00 TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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 truetee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

Daytime Phone #