

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109298

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: GULF SHORE BOULEVARD NORTH, LLC

## Current Principal Place of Business:

1275 GULF SHORE BOULEVARD NORTH  
SUITE # 101  
NAPLES, FL 34102 US

## New Principal Place of Business:

## Current Mailing Address:

1275 GULF SHORE BOULEVARD NORTH  
SUITE # 101  
NAPLES, FL 34102 US

## New Mailing Address:

FEI Number: 20-3778526

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMMONS, LINDSAY  
1275 GULF SHORE BOULEVARD NORTH  
SUITE # 101  
NAPLES, FL 34102 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 ( ) Delete  
Name: SIMMONS, LINDSAY TRUSTEE  
Address: 2401 PENNSYLVANIA AVENUE, NW SUITE 400  
City-St-Zip: WASHINGTON, DC 20037 US

Title: MGRM ( ) Delete  
Name: SIMMONS, LESLIE  
Address: 12 UNION STREET  
City-St-Zip: CAMDEN, ME 04843 US

Title: MGRM ( ) Delete  
Name: SIMMONS, LINDSAY  
Address: 2401 PENNSYLVANIA AVENUE, NW SUITE 400  
City-St-Zip: WASHINGTON, DC 20037 US

Title: MGRM (X) Delete  
Name: SIMMONS, JAMES  
Address: 19 BEECHWOOD WAY  
City-St-Zip: SCARBOROUGH, NY 10510 US

Title: MGRM (X) Delete  
Name: SIMMONS, BRADLEY  
Address: 29 RIDGEWOOD ROAD  
City-St-Zip: ROWAYTON, CT 06853

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SIMMONS, LINDSAY TRUSTEE  
Address: 3708 MORRISON STREET NW  
City-St-Zip: WASHINGTON, DC 20015 US

Title: MGRM (X) Change ( ) Addition  
Name: SIMMONS, JAMES TRUSTEE  
Address: 19 BEECHWOOD WAY  
City-St-Zip: SCARBOROUGH, NY 10510 US

Title: MGRM (X) Change ( ) Addition  
Name: SIMMONS, BRADLEY  
Address: 29 RIDGEWOOD ROAD  
City-St-Zip: ROWAYTON, CT 06853 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LINDSAY SIMMONS

MGRM

01/04/2008

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