## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) DOCUMENT # L05000113788 1. Entity Namo GULFSIDE PROPERTIES OF FLORIDA, LLC

**FILED** Feb 26, 2007 08:00 AM Secretary of State

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Principal Place of Business Mailing Address								]						
28469 U.S. HIGHWAY 19 NORTH				28469 U.S. HIGHWAY 19 NORTH										
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CLEARWATER FL 33761 US				CLEARWATER FL 33761 US				ļ						
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2. Principal Place of Business - No P.O. Box #				3. Mailing Address										
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Suite, Apt. #. etc				Suite, Apt. #, otc.					1st MOOF	RΕ	CR2E0	83 (	(10/06)	
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City & Stato				City & State				4. FEI Nur	1Der 20-	38446	53		_ <del>                                    </del>	Not Applicable
Zip Country				Zip Country			-					¢		<del>-                                    </del>
								5. Certificate of Status Desirod   \$5.00 Additional Fee Required						
6. Name and Address of Current F				egistered Agent				7. Name and Address of New Registered Agent						
o. Hanto and Addition of Carroll (105) stated Agent						Name								
CALANDRO, MARK A						0	4							
28649 U.S. HIGHWAY 19 NORT					Street Address (P.O. Box Number is Not Acceptable)									
SUI														
CLEARWATER FL 33761														
						City					F	EL	Zip Co	de
P. The shows	named onlik	y submits this statement	l for Ibr	numasa af changing	ite rogiete	rad office or	rogetor	od agonl or	halb, in the	State of F	<del></del>		niliar with	and accord
	ions of regist		i ioi iiie	e purpose or changing	its registe	rea onice or	register	ed agent, or	DOUT, IIT UIE	QIAIC OIT	ionua ra	2111 (21	IIIIIIAI WIU	i, and accept
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SIGNATURE .	Signature, lyped	or printed name of registered agr	ent and tr	tle 4 applicable. (N	OTT.: Registe	red Agent signatu	re required	when reinstaling	<del></del>		DAT	ř.		
FILE NOW!!! FEE IS \$50.00														
Make Check Payable to Florida Department of State														
Due By May 1, 2007														
9. MANAGING MEMBERS/MANAGERS					10				A	DDITIONS	S/CHANG	ES		
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NAME	CALANDRO, MARK A					ME			115	MOOOR	46736			
STREET ADDRESS	IITE 402	STREET ADDRESS			000000646736 03/06/07-80042-015 50.00									
CBA-21-M6										,, ,, ,				<b>~</b>
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NAMI	CALANDRO, JULIE A													
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11. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report is true and acceptate and that my signature shall have the same logal effect as if made under eath; that I am a managing member or manager of the limited flability company or the receipt or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: