2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# L06000002527

Entity Name: GULF COAST CUSTOM HOMES, LLC

Current Principal Place of Business:

5225 WESTWIND CIRCLE
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

5225 WESTWIND CIRCLE
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 68-0629122 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEREDITH, KERI A
5225 WESTWIND CIRCLE
PENSACOLA, FL 32526 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: MGR ( ) Delete
Name: MEREDITH, KERI A
Address: 5225 WESTWIND CIRCLE
City-St-Zip: PENSACOLA, FL 32526

Title: MGR ( ) Delete
Name: MEREDITH, JOSEPH K
Address: 5225 WESTWIND CIRCLE
City-St-Zip: PENSACOLA, FL 32526

Title: MGR ( ) Delete
Name: JOFFRION, RICHARD
Address: 306 FLORIDA AVENUE
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change ( ) Addition
Name: JOFFRION, RICHARD
Address: 2647 VENETIAN WAY
City-St-Zip: GULF BREEZE, FL 32563

I hereby certify that the information supplied with this filing does not qualify for the 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: KERI A. MEREDITH MRS. 04/24/2007

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