

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007803

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: GULF COAST COMMERCIAL, LLC

## Current Principal Place of Business:

200 CENTRAL AVE, STE 2200  
ST. PETERSBURG, FL 33701

## New Principal Place of Business:

200 CENTRAL AVE  
STE 2200  
ST. PETERSBURG, FL 33701 US

## Current Mailing Address:

200 CENTRAL AVE, STE 2200  
ST. PETERSBURG, FL 33701

## New Mailing Address:

200 CENTRAL AVE  
STE 2200  
ST. PETERSBURG, FL 33701 US

FEI Number: 20-4157760

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CYNTHIA R. SARSEN, P.A.  
1535 NORTH DALE MABRY HWY.  
SUITE 102  
LUTZ, FL 33548 US

## Name and Address of New Registered Agent:

WERNER, SIDNEY ESQ.  
721 FIRST AVENUE NORTH  
ST. PETERSBURG, FL 33701 US

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: SIDNEY WERNER

04/22/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: DOBBINS, SCOTT J  
Address: 200 CENTRAL AVE, STE 2200  
City-St-Zip: ST. PETERSBURG, FL 33701

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: DOBBINS, SCOTT J  
Address: 200 CENTRAL AVE, STE 2200  
City-St-Zip: ST. PETERSBURG, FL 33701 US

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: SCOTT J. DOBBINS

MGRM

04/22/2008

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