

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jun 13, 2007 8:00 am
Secretary of State

05-14-2007 90377 001 ***300.00

30010304



04252007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000008608			
1. Entity Name INSPIRED DEVELOPMENTS OF THE GULF COAST, LLC			
Principal Place of Business 215 SIGNAL LANE PORT ST. JOE, FL 32456		Mailing Address 215 SIGNAL LANE PORT ST. JOE, FL 32456	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1534 Hwy 71 South	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Wewahatchee, FL	
Zip	Country	Zip	Country
32465			
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LASOTA, STEVE M 220 MCKENZIE AVE. PANAMA CITY, FL 32401		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBB, JOHN C 215 SIGNAL LANE PORT ST. JOE, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			