

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018401

FILED  
Apr 10, 2007  
Secretary of State

**Entity Name:** BROCK HAUS ON THE GULF, L.L.C.

**Current Principal Place of Business:**

10000 HILLTOP DRIVE  
ST. LOUIS, MO 63128

**New Principal Place of Business:**

**Current Mailing Address:**

10000 HILLTOP DRIVE  
ST. LOUIS, MO 63128

**New Mailing Address:**

**FEI Number:** 20-8113072

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 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: BRENDA L. WHITE

04/10/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BROCKHAUS, ROBERT H TRUSTEE  
Address: 10000 HILLTOP DRIVE  
City-St-Zip: ST. LOUIS, MO 63128

Title: MGRM ( ) Delete  
Name: BROCKHAUS, JOYCE P TRUSTEE  
Address: 10000 HILLTOP DRIVE  
City-St-Zip: ST. LOUIS, MO 63128

**ADDITIONS/CHANGES:**

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 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: ROBERT H. BROCKHAUS, TRUSTEE

MGRM

04/10/2007

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