


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 20, 2007 8:00 am
Secretary of State

07-20-2007 90040 020 ****55.00

DOCUMENT # L06000025719		
1. Entity Name GULFSTONE, LLC		
Principal Place of Business 3604 27TH STREET EAST BRADENTON FL 34208	Mailing Address 3604 27TH STREET EAST BRADENTON FL 34208	



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E083 (4/07)

6. Name and Address of Current Registered Agent

WICKMAN & WYCKOFF, P.A.
 4909 MANATEE AVENUE WEST
 BRADENTON FL 34209

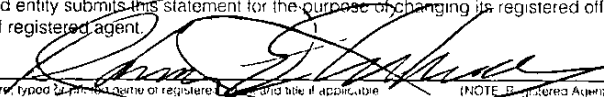
7. Name and Address of New Registered Agent

Name: RICHARD E. WHITLOCK
 Street Address (P.O. Box Number is Not Acceptable): 3604 27th St E.
 City: BRADENTON FL Zip Code: 34208

4. FEI Number: 20-4581360 Applied For: Not Applicable

5. Certificate of Status Desired: \$5.00 Additional Fee Required

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:  DATE: _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGR NAME: WHITLOCK, RICHARD E STREET ADDRESS: 3604 27TH STREET EAST CITY-ST-ZIP: BRADENTON FL 34208	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  7/17/07 941 748 9620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #