


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**FILED
Mar 03, 2008 08:00 A
Secretary of State**

DOCUMENT # L06000025719
1. Entity Name
GULFSTONE, LLC



Principal Place of Business Mailing Address
3604 27TH STREET EAST 3604 27TH STREET EAST
BRADENTON FL 34208 BRADENTON FL 34208



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
3604 27th St. E. 3604 27th St E Bradenton Fla.
Bradenton Fla. Suite, Apt. #, etc

1st MOORE CR2E083 (10/07)

City & State City & State
BRADENTON FL. SAME
Zip Country Zip Country
34208 MANATEE SAME SAME

4. FEI Number 20-4581360 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
WHITLOCK, RICHARD
3604 27TH ST EAST
BRADENTON FL 34208

7. Name and Address of New Registered Agent
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: *[Signature]* (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]* Feb. 28 2008 941-748-9620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Day to Period #