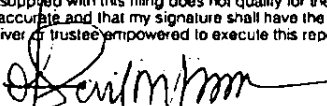


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 01, 2007 8:00 am
Secretary of State

03-29-2007 90179 016 ****50.00

DOCUMENT # L06000028607 1. Entity Name GULF COAST PROFESSIONAL INVESTORS/DEVELOPERS, LLC					
Principal Place of Business 1000 OHIO AVENUE LYNN HAVEN, FL 32444			Mailing Address 1000 OHIO AVENUE LYNN HAVEN, FL 32444		
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	4. FEI Number 59-2500568	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KHAN, SOHAIL 118 COTTONWOOD CIRCLE LYNN HAVEN, FL 32444				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 _____ (NOTE: Registered Agent signature required when renouncing) 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	MGRM KHAN, SOHAIL 118 COTTONWOOD CIRCLE LYNN HAVEN, FL 32444	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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.			3/21/07		
SIGNATURE: 			Date: _____ Daytime Phone: _____		