

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031974

FILED
May 15, 2008
Secretary of State

Entity Name: GULF COAST PROCESSING AND FINANCE, LLC

Current Principal Place of Business:

801 WEST BAY DRIVE
SUITE 314-315
LARGO, FL 33770 US

New Principal Place of Business:

Current Mailing Address:

801 WEST BAY DRIVE
SUITE 314-315
LARGO, FL 33770 US

New Mailing Address:

FEI Number: 20-4571560 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LASMAN LAW FIRM, P.A.
6152 DELANCEY STATION STREET
SUITE 205
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

LASMAN LAW FIRM, P.A.
6152 DELANCEY STATION STREET
SUITE 205
RIVERVIEW, FL 33578 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: JEFFREY M. LASMAN

05/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete
Name: WEBBER, CHRISTOPHER M
Address: 1482 SAN DIEGO DRIVE
City-St-Zip: DUNEDIN, FL 34698 US

Title: MGRM () Delete
Name: WALL, CHARLES N
Address: 1067 1ST STREET SW
City-St-Zip: LARGO, FL 33770 US

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 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: JEFFREY M. LASMAN

RA

05/15/2008

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