## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 06, 2007 8:00 am Secretary of State 02-12-2007 90307 001 \*\*\*\*55.00

1. Entity Name GULF COAST NAPLES RESERVE, LLC									
Principal Place of Business		Mailing Address							
515 TERRACINA WAY NAPLES, FL 34119		515 TERRACINA WAY NAPLES, FL 34119			· 454:184 84	2012 Sills Sells Sells S	am sein 2(20)	-16: 10:00 MIM I	************
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt, #, etc.		Suite, Apt. #, etc.		010	01092007 Chg-LLC CR2E083 (12/06)				
City & State		City & State		4. F	El Numbe	48291	93		optied For lot Applicable
Zip	Country	Zip Country		<b>5.</b> C	ertificate	of Status Desired	Œ/	\$5.00 Ac	iditional
	6. Name and Address of Current	Registered Agent	Name	7. N	ame and	Address of New	Registered	Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)					
	SSEE, FL 32301-2525		5000				ile)		
			City	<del>_</del>			FL	Zip Coo	de
8. The above	named entity submits this statement t	or the purpose of changing its re	gistered office	où ladistered 904	nt, or bot	h, in the State of F		<b>-</b>   `	
the obligations of registered eigeni.  MANAGINE MEMBER  24-07									
SIGNATURE .	Money participated or printed negot of registered after	t and side if applicable. [NOTE: I	Registered Ageyt sign	iture required when rel	Sales 1		DATE	201	
Filing Fee is \$50.00 Due by May 1, 2007					Make check payable to Florida Department of State				
9.	MANAGING MEMB		10.	1		ADDITIONS	/CHANGES		
NAME STREET ADDRESS	SALCE, ANTHONY H JR 515 TERRACINA WAY	☐ Delete	NAME STREET ADDRESS					☐ Change	☐ Addition
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP			<del></del> -		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			MAIKE STREET ADDRESS CITY-ST-ZIP						
TITLE	7 V V V V	Oelete	TITLE NAME					Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						;
TITLE NAME		☐ De lete	TITLE NAME			.,		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY+ST+ZIP						
TITLE NAME		☐ Delete	TITLE NAME			·		☐ Change	☐ Addition
STREET ADORESS CITY-ST-ZIP	L	1	STREET ADDRESS CITY-ST-ZP						
TITLE	•	☐ Deletz	TITLE					Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
11. I hereby certify that the information supplied with this tiling 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 laport as required by Chapter 608, Florida Statutes.									
SIGNATURE: 2-6-07 239-304-161									
SIGNATURE:  BIGHANDE AND TYPED ON FORTS HAVE OF SUCKNO SANAGHICAGES AND AND THE OF SUCKNO SANAGHICAGES OF AUTHORISE REPRESENTATIVE  OFF. OPTION STONES									