

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

02-12-2007 90307 001 ****55.00

DOCUMENT # L06000041834 1. Entity Name GULF COAST NAPLES RESERVE, LLC																													
Principal Place of Business 515 TERRACINA WAY NAPLES, FL 34119			Mailing Address 515 TERRACINA WAY NAPLES, FL 34119																										
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 20-4839193			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$5.00 Additional Fee Required																										
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
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		MANAGING MEMBER ANTHONY SALCE JR		DATE 2-6-07																									
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SALCE, ANTHONY H JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>515 TERRACINA WAY</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>NAPLES, FL 34119</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	NAME	SALCE, ANTHONY H JR		STREET ADDRESS	515 TERRACINA WAY		CITY- ST- ZIP	NAPLES, FL 34119		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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 606, Florida Statutes.																													
SIGNATURE:		DATE 2-6-07 239-304-1161																											