

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049127

Entity Name: GULFVIEW BAMBOO, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

818 13TH STREET WEST
BRADENTON, FL 34205

New Principal Place of Business:

Current Mailing Address:

818 13TH STREET WEST
BRADENTON, FL 34205

New Mailing Address:

FEI Number: 20-4854911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WICKMAN, JOHN E ESQUIRE
2940 S. TAMiami TRAIL
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WEICHEL-FULLER, SARA ANNE
Address: 818 13TH STREET WEST
City-St-Zip: BRADENTON, FL 34205

Title: MGR () Delete
Name: FULLER, MICHAEL J
Address: 818 13TH STREET WEST
City-St-Zip: BRADENTON, FL 34205

Title: MGR () Delete
Name: POLIVCHAK, JEFFERY D
Address: 4504 SWORDFISH
City-St-Zip: BRADENTON, FL 34208

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: POLIVCHAK, JEFFERY D
Address: 5040 FRUITVILLE ROAD
City-St-Zip: SARASOTA, FL 34232

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: MICHAEL J FULLER

MGR

04/29/2009

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