

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050324

**FILED**  
**Feb 13, 2008**  
**Secretary of State**

**Entity Name:** GULF COAST REAL ESTATE ENTERPRISES LLC

**Current Principal Place of Business:**

13337 CAROL DRIVE  
HUDSON, FL 34667

**New Principal Place of Business:**

12565 SPRING HILL DR  
SPRING HILL, FL 34609

**Current Mailing Address:**

13337 CAROL DRIVE  
HUDSON, FL 34667

**New Mailing Address:**

PO BOX 10144  
BROOKSVILLE, FL 34603

**FEI Number:** 20-5065872

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BULLERDICK, KERRY T  
13337 CAROL DRIVE  
HUDSON, FL 34667 US

**Name and Address of New Registered Agent:**

GAVISH, JEANNE M  
25975 OLD SPRING LAKE ROAD  
BROOKSVILLE, FL 34601 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: JEANNE M GAVISH

02/13/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GAVISH, JEANNE M  
Address: PO BOX 10144  
City-St-Zip: BROOKSVILLE, FL 34603

Title: MGMR (X) Delete  
Name: BULLERDICK, KERRY T OWN  
Address: 13337 CAROL DRIVE  
City-St-Zip: HUDSON, FL 34667 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: JEANNE M GAVISH

MGRM

02/13/2008

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