

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091109

FILED
Apr 30, 2009
Secretary of State

Entity Name: GULFSTATES DEVELOPMENT, LLC

Current Principal Place of Business:

40 SOUTH PALAFOX PLACE, SUITE 500
PENSACOLA, FL 32502

New Principal Place of Business:

40 SOUTH PALAFOX PLACE,
SUITE 500
PENSACOLA, FL 32502

Current Mailing Address:

PO BOX 940
GULF BREEZE, FL 32562

New Mailing Address:

FEI Number: 20-2247247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIBERIS, CHARLES S
40 SOUTH PALAFOX PLACE, SUITE 500
PENSACOLA, FL 32502 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: MGRM () Delete
Name: LIBERIS, CHARLES S
Address: 40 SOUTH PALAFOX PLACE, SUITE 500
City-St-Zip: PENSACOLA, FL 32502

Title: MGRM () Delete
Name: BRANNEN, DAVID A
Address: PO BOX 940
City-St-Zip: GULF BREEZE, FL 32562

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: DAVID A BRANNEN

MGR

04/30/2009

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