2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# L07000012125

Entity Name: GULF COAST PROPERTY MAINTENANCE LC

Current Principal Place of Business:

4606 SOUTHERN PLACE
PACE, FL 32571 US

New Principal Place of Business:

Current Mailing Address:

4606 SOUTHERN PLACE
PACE, FL 32571 US

New Mailing Address:

FEI Number: 75-3230896 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVERS, JOHN W
4606 SOUTHERN PLACE
PACE, FL 32571 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: RIVERS, JOHN W
Address: 4606 SOUTHERN PLACE
City-St-Zip: PACE, FL 32571 US

Title: MGR ( ) Delete
Name: RIVERS, TEQUIN
Address: 4606 SOUTHERN PLACE
City-St-Zip: PACE, FL 32571 US

Title: MGR ( ) Delete
Name: BEST, STEVEN C
Address: 4606 SOUTHERN PLACE
City-St-Zip: PACE, FL 32571 US

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: RIVERS, TEGWIN W
Address: 4606 SOUTHERN PLACE
City-St-Zip: PACE, FL 32571 US

Title: MGR (X) Change ( ) Addition
Name: JONES, WADE
Address: 4606 SOUTHERN PLACE
City-St-Zip: PACE, FL 32571 US

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: JOHN W RIVERS MGR 04/09/2008

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