


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90043 029 \*\*\*138.75

<b>DOCUMENT # L07000014420</b>		
1. Entity Name <b>MS GULFCOAST PROPERTY, LLC</b>		

Principal Place of Business <b>11350 METRO PARKWAY, UNIT 109 FT. MYERS, FL 33966</b>	Mailing Address <b>11350 METRO PARKWAY, UNIT 109 FT. MYERS, FL 33966</b>
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**60001247**



2. Principal Place of Business - No P.O. Box # <b>6360 CORPORATE PARK CIRCLE</b>		3. Mailing Address <b>P.O. BOX 60253</b>	
Suite, Apt. #, etc. <b>#1</b>		Suite, Apt. #, etc.	
City & State <b>FT MYERS FL</b>		City & State <b>FT MYERS FL</b>	
Zip <b>33966</b>	Country <b>USA</b>	Zip <b>33906</b>	Country <b>USA</b>

01092008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-8401188</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>KYLE, KEVIN A 1380 ROYAL PALM SQUARE BLVD. FT. MYERS, FL 33919</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR EHMAN, WILLIAM 11350 METRO PARKWAY, UNIT 109 FT. MYERS, FL 33966 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR EHMAN, WILLIAM 6360 CORPORATE PARK CIRCLE #1 FT MYERS FL 33966 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCCARTY, DOUGLAS 11350 METRO PARKWAY, UNIT 109 FT. MYERS, FL 33966 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCCARTY, DOUGLAS 1617 N. FEATHER HWY LAKE WORTH FL 33460 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR POLK, LLOYD 11350 METRO PARKWAY, UNIT 109 FT. MYERS, FL 33966 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR POLK, LLOYD 1617 N. FEATHER HWY LAKE WORTH FL 33460 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.

**SIGNATURE:** William E. Ehmman **WILLIAM EHMAN** 1/14/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #