


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90106 015 \*\*\*138.75

<b>DOCUMENT # L07000014936</b>	
1. Entity Name <b>GULF REALTY ACQUISITIONS, LLC</b>	

Principal Place of Business <b>6611 PLANTATION PRESERVE FORT MYERS, FL 33966</b>	Mailing Address <b>6611 PLANTATION PRESERVE FORT MYERS, FL 33966</b>
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**60011422**



2. Principal Place of Business - No P.O. Box # <b>6700 Winkler Road</b>	3. Mailing Address <b>6700 Winkler Road</b>
Suite, Apt. #, etc. <b>Suite 7</b>	Suite, Apt. #, etc. <b>Suite 7</b>
City & State <b>Fort Myers, FL</b>	City & State <b>Fort Myers, FL</b>
Zip <b>33919</b>	Zip <b>33919</b>
Country <b>USA</b>	Country <b>USA</b>

02082008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-8493549</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DORAGH, PETE 7011 CYPRESS TERRACE SUITE 103 FORT MYERS, FL 33907</b>	
7. Name and Address of New Registered Agent Name <b>Pete Doragh</b> Street Address (P.O. Box Number is Not Acceptable) <b>7051 Cypress Terrace, Suite 112</b> City <b>Fort Myers</b> FL Zip Code <b>33907</b>	

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 Pete Doragh, Registered Agent DATE 2/22/08  
(NOTE: Registered Agent signature required when reinstating)

<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 HASKINS, KIMBERLY 6611 PLANTATION PRESERVE FORT MYERS, FL 33966 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Rosanne Gauthier 6700 Winkler Rd., Suite 7 Ft. Myers, FL 33919 <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
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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: Rosanne Gauthier  
SIGNATURE AND TITLE OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_