

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000077690

Entity Name: GULF COAST LODGING 7, LLC

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

6627 THOMAS DRIVE  
UNIT # 1401  
PANAMA CITY BEACH, FL 32408

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 27609  
PANAMA CITY BEACH, FL 32411

**New Mailing Address:**

FEI Number: 26-0623784

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FLAAT, DAVID L  
6627 THOMAS DRIVE  
UNIT #1401  
PANAMA CITY BEACH, FL 32408 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: FLAAT, DAVID L  
Address: POST OFFICE BOX 27700  
City-St-Zip: PANAMA CITY BEACH, FL 32411

Title: MGRM ( ) Delete  
Name: FLAAT, LINDA M  
Address: POST OFFICE BOX 27700  
City-St-Zip: PANAMA CITY BEACH, FL 32411

**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 L. FLAAT

MGRM

04/28/2009

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