

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092516

FILED
Apr 24, 2008
Secretary of State

Entity Name: GULF TIDE INVESTMENTS GROUP, LLC

Current Principal Place of Business:

2650 SE 7TH DR
POMPANO BEACH, FL 33062

New Principal Place of Business:

3333 WEST PENSACOLA STREET
SUITE 300
TALLAHASSEE, FL 32304

Current Mailing Address:

2650 SE 7TH DR
POMPANO BEACH, FL 33062

New Mailing Address:

3333 WEST PENSACOLA STREET
SUITE 300
TALLAHASSEE, FL 32304

FEI Number: 26-1107544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHOWN, CRAIG
2650 SE 7TH DR
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

OLK, THOMAS K
3333 WEST PENSACOLA STREET
SUITE 300
TALLAHASSEE, FL 32304 US

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: THOMAS K. OLK

04/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHOWN, CRAIG
Address: 2650 SE 7TH DR
City-St-Zip: POMPANO BEACH, FL 33062

Title: MGRM (X) Delete
Name: OLKWN, TOMIG
Address: 2683 S HANNON HILL DR
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OLK, THOMAS K
Address: 3333 WEST PENSACOLA STREET
City-St-Zip: TALLAHASSEE, FL 32304

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: THOMAS K. OLK

OWNE

04/24/2008

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