2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 03, 2008
Secretary of State

DOCUMENT# L07000093195

Entity Name: GULF SHORES CONSTRUCTION COMPANY, LLC

Current Principal Place of Business:

687 BONNIE BLVD
PALM HARBOR, FL 34684 US

New Principal Place of Business:

8547 OLD COUNTRY RD.
ODESSA, FL 33556 US

Current Mailing Address:

687 BONNIE BLVD
PALM HARBOR, FL 34684 US

New Mailing Address:

8547 OLD COUNTRY RD.
ODESSA, FL 33556 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBERT F. DIMARCO, C.P.A. PA
3444 EAST LAKE ROAD
SUITE 412
PALM HARBOR, FL 34685 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: MULLOY, JUSTIN
Address: 687 BONNIE BLVD
City-St-Zip: PALM HARBOR, FL 34684 US

Title: MGR ( ) Delete
Name: HAEFS, DERRICK
Address: 312 POWHATAN STREET
City-St-Zip: SAFETY HARBOR, FL 34695 US

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: JUSTIN MULLOY MGRM 09/03/2008

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