

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000117902

FILED
Apr 21, 2009
Secretary of State

Entity Name: GULFCOAST DEVELOPMENT PARTNERS II LLC

Current Principal Place of Business:

101 EAST KENNEDY BLVD.
SUITE 2180
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

101 EAST KENNEDY BLVD.
SUITE 2180
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 26-1556866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SICH, ADAM M
101 EAST KENNEDY BLVD.
SUITE 2180
TAMPA, FL 33602 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: MGR () Delete
Name: CALOMIRIS, GEORGE P
Address: 101 EAST KENNEDY BLVD. SUITE 2180
City-St-Zip: TAMPA, FL 33602 US

Title: MGR () Delete
Name: SICH, ADAM M
Address: 101 EAST KENNEDY BLVD. SUITE 2180
City-St-Zip: TAMPA, FL 33602 US

Title: MGR () Delete
Name: CALOMIRIS, ARTEMIS
Address: 101 EAST KENNEDY BLVD. SUITE 2180
City-St-Zip: TAMPA, FL 33602 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GEORGE CALOMIRIS

MGR

04/21/2009

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