2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2008
Secretary of State

DOCUMENT# L07000122085

Entity Name: FLORIDA GULF COAST VENTURES, LLC

Current Principal Place of Business:

11181 HEALTH PARK
SUITE 1165
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

11181 HEALTH PARK
SUITE 1165
NAPLES, FL 34110

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AARON A. FARMER, P.L.
720 FIFTH AVENUE SOUTH
SUITE 211
NAPLES, FL 34102 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: REIDY, PATRICK M MD
Address: 11181 HEALTH PARK STE 1165
City-St-Zip: NAPLES, FL 34110

Title: MGRM ( ) Delete
Name: HILL, SAMUEL L MD
Address: 11181 HEALTH PARK STE 1165
City-St-Zip: NAPLES, FL 34110

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: PATRICK M REIDY MGRM 02/15/2008

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