## 2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# L07000122085

FILED Apr 01, 2009 Secretary of State

Entity Name: FLORIDA GULF COAST VENTURES, LLC

Current Principal Place of Business: New Principal Place of Business:

11181 HEALTH PARK SUITE 1165 NAPLES, FL 34110

Current Mailing Address: New Mailing Address:

11181 HEALTH PARK SUITE 1165 NAPLES, FL 34110

FEI Number: 77-0710710 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

AARON A. FARMER, P.L.
999 VANDERBILT BEACH ROAD
SUITE 606
NAPLES, FL 34102 US

AARON A. FARMER, P.L.
999 VANDERBILT BEACH ROAD
SUITE 606
NAPLES, FL 34108 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: AARON A. FARMER

 AARON A. FARMER
 04/01/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 REIDY, PATRICK M MD
 Name:

 Address:
 11181 HEALTH PARK STE 1165
 Address:

 City-St-Zip:
 NAPLES, FL 34110
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HILL, SAMUEL L MD
 Name:

 Address:
 11181 HEALTH PARK STE 1165
 Address:

 City-St-Zip:
 NAPLES, FL 34110
 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 REIDY MGRM 04/01/2009