

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000030232

FILED  
Mar 19, 2011  
Secretary of State

Entity Name: GULF COAST PHOTO LLC

**Current Principal Place of Business:**

7328 THOMAS DR.  
SUITE A  
PANAMA CITY BEACH, FL 32408 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 19795  
PANAMA CITY BEACH, FL 32417 US

**New Mailing Address:**

FEI Number: 26-4581571

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MICHALOSKI, DEREK G  
11735 CABANA COURT  
PANAMA CITY BEACH, FL 32407 US

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

MICHALOSKI, DEREK G  
5111 BEACH DRIVE  
PANAMA CITY BEACH, FL 32407 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: DEREK G. MICHALOSKI

03/19/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MICHALOSKI, DEREK G  
Address: 5111 BEACH DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

Title: MGRM  
Name: BINDER, NICK J  
Address: 5801 PINETREE AVE APT B  
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

Title: MGRM  
Name: FIORITA, JAMES V  
Address: 5111 BEACH DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

Title: MGRM  
Name: CASWELL, LEROY W  
Address: 5111 BEACH DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

Title: MGRM  
Name: SPRINGHAM, GEARY  
Address: 5111 BEACH DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408

I hereby 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: DEREK G. MICHALOSKI

MGRM

03/19/2011

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