2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L96000001130

1. Entity Name
GULFSHORE TITLE COMPANY, L.C.

Principal Place of Business	Mailing Address
3337 TAMIAMI TRAIL NORTH NAPLES, FL 34103	3337 TAMIAMI TRAIL NORTH NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

04192008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
59-3409989	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GRANT, SCOTT M
3337 TAMIAMI TRAIL NORTH
NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GRANT, SCOTT M
STREET ADDRESS	3337 TAMIAMI TRAIL NORTH
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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CITY-ST-ZIP	

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05/15/08-80001-007 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ MGR   4/21/08 239-280-5261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

Scott MGRANT, MGR