LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
02 JUN 27 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001-2002 Reinstatement

DOCUMENT # L98000000751

1. Entity Name

Gulf Towers, L.L.C.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 2001-2002

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	
2109 E. Palm Ave	2109 E. Palm Ave	650848084	Applied For / Not Applicable (X)
Suite, Apt. #, etc.: Ste 104	Suite, Apt. #, etc.: Ste 104		
City & State: Tampa, FL	City & State: Tampa, FL		
Zip: 33605 Country: USA	Zip: 33605 Country: USA	5. Certificate of Status Desired [X] $5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: John J. Curatelli, Jr.

Street Address (P.O. Box Number is Not Acceptable): 6301 Marbella Blvd

City: Apollo Beach FL Zip Code: 33572

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.

SIGNATURE _____ DATE 6/6/02

Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

400006110754--2
-07/01/02--01001--026
*****95.00 *****95.00

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager/Member MGRM John J. Curatelli, Jr. 6301 Marbella Blvd. Apollo Beach, FL 33572
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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 6/6/02

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