

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001100

FILED  
Mar 29, 2007  
Secretary of State

**Entity Name:** GULF-ATLANTIC INTERNATIONAL HOLDINGS, LLC

**Current Principal Place of Business:**

6820 SOMBRAS WAY  
LAND O LAKES, FL 34637

**New Principal Place of Business:**

**Current Mailing Address:**

6820 SOMBRAS WAY  
LAND O' LAKES, FL 34637

**New Mailing Address:**

**FEI Number:** 59-3571681

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BOHN, RODNEY  
6820 SOMBRAS WAY  
LAND O LAKES, FL 34637 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: BOHN, RODNEY C  
Address: 6820 SOMBRAS WAY  
City-St-Zip: LAND O LAKES, FL 34637

Title: MGRM ( ) Delete  
Name: BOHN, DEBORAH A  
Address: 6820 SOMBRAS WAY  
City-St-Zip: LAND O LAKES, FL 34637

Title: MGRM ( ) Delete  
Name: BOHN, ADAM L  
Address: 24410 ROLLING VIEW COURT  
City-St-Zip: LUTZ, FL 33559

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: DEBORAH A. BOHN

MGRM

03/29/2007

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