2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L98000002392

1. Entity Name

GULF COAST FORT MYERS, L.L.C.



Principal Place of Business

160 PROSPEROUS PLACE LEXINGTON, KY 40509

Mailing Address

160 PROSPEROUS PLACE LEXINGTON, KY 40509 FILED Apr 12, 2004 08:00 AM Secretary of State



03312004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 61-1337652 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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8.	The above named entity submits this statement for the purpose of ch	nanging its registered office or registered agent, or b	oth, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.			
SI	ENATURE AUGUS	_		
	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)		DATE

Filing Fee is \$50.00 Due by May 1, 2004

000000.;0487 99/12/04-80085-917 50.00

	9,	MAINAGING MEMBERS/MAINAGERS	
	TITLE NAME STREET ADDRESS CITY+ST+ZIP	MGR VETTRAINO, LOUIS H 160 PROSPEROUS PLACE LEXINGTON, KY 40509	
	TITLE NAME STREET ADDRESS CMY-ST-ZIP		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
I	11. I hereby certify that the information supplied with this filing does not qualify for the ex-		

MANAGERIC MEMORDS IMANIAGED

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IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 section or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: $\underline{\checkmark}$

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-8-04

859 263-0055

Daylime Phone #