2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

6. Name and Address of Current Registered Agent

DOCUMENT # L98000002392

1. Entity Name
GULF COAST FORT MYERS, L.L.C.



FILED Jul 28, 2006 08:00 AM **Secretary of State**

Principal Place of Business

160 PROSPEROUS PLACE LEXINGTON, KY 40509

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

Mailing Address

160 PROSPEROUS PLACE LEXINGTON, KY 40509



DO NOT WRITE IN THIS SPACE

07112006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 61-1337652

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE

PLANTAT	ION, FL 33324		i	N THIS SPACE
8. The above the obligat	e named entity submits this statement for the purpose of chan tions of registered agent.	ging its registered off	ice or registered agent	t, or both, in the State of Florida I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent	Signature required when reinst	ating) DATE
Fil Due l	ling Fee is \$50.00 by September 6, 2006	1		
9.	MANAGING MEMBERS/MANAGERS	<u>-</u> -		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VETTRAINO, LOUIS H 160 PROSPEROUS PLACE LEXINGTON, KY 40509			
TITLE				
NAME				
STREET ADDRESS				U00000572678 07/28/06-80009-002 5000
CITY-ST-ZIP				07/28/06-80009-002 50.00
TITLE NAME STREET ADDRESS			-	NO NOT WRITE
CITY-ST-ZIP			I	OO NOT WRITE
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TITLE NAME				
STREET ADDRESS CITY-ST-ZIP				
TITLE 2.500	A Control of the Cont			· · · · · · · · · · · · · · · · · · ·
- STREET ADDRESS CITY-ST-ZIP				
in inereby o	certify that the information supplied with this filing does not o	idanıy tor the exempt	ions contained in Chaj	pier 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: 6

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

7-24-06

Cate