2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)....

## **Secretary of State** DOCUMENT # L98000002949 1. Entity Name 02-17-2006 90019 042 \*\*\*\*50.00 **GULF FRONT BEACH, L.C.** Principal Place of Business Mailing Address 1710E GULF DRIVE NORTH BRADENTON BEACH FL 34217 PO BOX 182 WINTER HAVEN FL 33882 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite Apt. #. aic. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 59-3545908 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - HAZLETT, H. LYNN 1710E GULF DRIVE NORTH Street Address (P.O. Box Number is Not Acceptable) **BRADENTON BEACH FL 34217** City Zip Code 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. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. TITLE MGR TITLE K Change NAME HAZLETT, H. LYNN NAME RH. H. LYUN STREET ADDRESS 1710E GULF DRIVE NORTH STREET ADDRESS BUFF INIUC NOTA CHY-SI-ZIP CITY-ST-ZIP BRADENTON BEACH FL 34217 TITLE Delete MLE Addition Augusta Rd. NALE NAME JOHN STREET ADDRESS STREET ADDRESS 150 CITY-ST-ZIP CITY-ST-ZIP Atex HAVEN TiTi ( ☐ Detete MLE ☐ Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP GITY-ST-ZOP TITLE Delete ☐ Charge Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP nne Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP for the exemptions contained in Section 119, Florida Statutes. I further certify that the information up the same legal effect as if made under oath; that I am a managing member or manager of the is report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information suppl indicated on this report is true and accilimited liability company or the receiver 1/31/06 1863 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 23, 2006 8:00 am



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2006

GULF FRONT BEACH, L.C. PO BOX 182 WINTER HAVEN, FL 33882

Subject: GULF FRONT BEACH, L.C.

Reference Number:

L98000002949

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

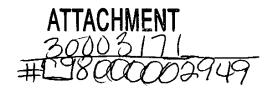
Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rm

ANNUAL REPORTS SECTION



## GULF FRONT BEACH, LLC Document# L98000002949

Change:

Title: Mgr

Name: John R. Touchton

Street Address: 687 Augusta Road City-St-Zip: Winter Haven, FL. 33884