


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90023 028 ****50.00

DOCUMENT # L99000002842		
1. Entity Name GULF VIEW, L.L.C.		

Principal Place of Business 609 LINCOLN ROAD BRADFORD WOODS, PA 15015	Mailing Address 240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236
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20038023

2. Principal Place of Business 3626 Fair Oaks Place Suite, Apt. #, etc.	3. Mailing Address 3626 Fair Oaks Place Suite, Apt. #, etc.
City & State Longboat Key, FL	City & State Longboat Key, FL
Zip 34228	Country USA



03292005 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0924352	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MAZZARANTANI, GEORGE H ESQ. GEORGE H. MAZZARANTANI, P.A. 777 SOUTH PALM AVENUE, SUITE 2 SARASOTA, FL 34236	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOSSO, HELEN V 609 LINCOLN ROAD BRADFORD WOODS, PA 15015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sosso, Helen V 3626 Fair Oaks Place Longboat Key, FL 34228 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Helen V Soso</u>	Date: <u>4/12/05</u>	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		