2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L9900003054

Entity Name
 GULF COAST BEACH SERVICES, L.C.



FILED
May 02, 2007 08:00 A
Secretary of State

Principal Place of Business

POST OFFICE BOX 6368 MIRAMAR BEACH, FL 32550 Mailing Address

POST OFFICE BOX 6368 MIRAMAR BEACH, FL 32550



04262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For S9-3581589 Not Applicable

5. Certificate of Status Desired Fee Regulred Fee Regulred

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KELLEY, CHARLES K 4179 COUNTY HIGHWAY 280-A DEFUNIAK SPRINGS, FL 32435

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.				
SIGNATURE.	SIGNATURE		Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KELLEY, CHARLES KEITH 144 SOUTH SHORE DRIVE DESTIN, FL 32550			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PETERSON, BRIAN CHARLES 144 SOUTH SHORE DRIVE DESTIN, FL 32550			000000756514 05/23/07-80031-020 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE	
TITLE NAME				·

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: (

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1/29/07

Daytime Phone #