2003 LIMITED LIABILITY COM UNIFORM BUSINESS REPORT

3/4

FILED Apr 28, 2003 8:00 am Secretary of State

03-24-2003 90024 031 ****50.00

DOCUMENT # L9900004085

1. Entity Name

S & P GULF COAST INVESTMENTS, L.C.



Principal Plac	e of Business -	Mailing Address								
2111 WHITFIELD PARK DRIVE SARASOTA FL 34243		2111 WHITFIELD PARK DRIVE SARASOTA FL 34243								
<u> </u>	Annual Contract	- 100 W 1								
2. Principal Place of Business		3. Mailing Address				1807 010 10180 16111 0011 0011		i Piri deiri	INN DIN ION	•
Suite, Apt. #, etc.		Sune, Apt. #, etc.				El_CHECK.HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Nur	4. FEI Number 02-9364891 Applied Fo				$\overline{\Box}$
Zip	Country Zip		Cour	ntry	5. Certific	ate of Status Desired		5.00 Ad	ditional	7
	6. Name and Address of Current R	egistered Agent	<u> </u>		7. Name s	and Address of New Re				7
LARC	KMAN & WYCKOFF; P.A.	Name								
4909 MANATEE AVENUE WEST BRADENTON FL 34209		•		Street Address (P.O. Box Number is Not Acceptable)						- -
			•	City		<u> </u>	FL	Zip Cod	le	$\frac{1}{2}$
8 The above	named entity submits this statement for t	he number of changing its	register	ed office or rec	ietered agent or	both in the State of Flor		milias with	and accept	-
	ions of registered agent.	no perpose of changing its	registeri	ad Ollice or reg	istered agont, or i	bolis, in the State of Pior	ioa. Taiita	ilinier wigi,	and accept	
SIGNATURE .	<u> </u>		_				<u></u>			
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	: Registere	d Agent signature re	quired when reinstating)		DATE			-{
				FEE IS \$50.						-
		Make Check Payabl		orida Depart sy 1, 2003	ment of State		-			1
9.	MANAGING MEMBERS	<u> </u>	10.		•	ADDITIONS/0	CHANGES			4
TITLE	MGR	Delete	TITLE			ADDITIONS		☐ Change	Addition	†ଛ
NAME	PRICE, DONNA L		NAMI				•			ĮŠ
STREET ADDRESS	408 PINEWOOD LAKE DRIVE			ET ADDRESS						8
CITY-ST-ZIP	VENICE FL 34292 MGR		4—	-ST-ZIP					- Addition	CR2E083 (10/02)
TITLE NAME	szczepanski, harold w	☐ Delete	TITLE				t	Change	Addition	2
STREET ADDRESS	22105 DEER POINTE CROSSING			ET ADDRESS						İ
CITY-ST-ZIP	BRADENTON FL 34202		CITY-	-ST-ZIP		·				
TITLE NAME		☐ Delete	TITLE					Change	☐ Addition	
STREET ADDRESS				ET ADDRESS	., 					
CITY-ST-ZIP		•	CITY-	ST-ZIP						_
TILLE		☐ Delete	TITLE					Change	☐ Addition	}
NAME CIRCLE ADDRESS			NAME							
STREET ADDRESS CITY-ST-ZIP	₩	. -		ET ADDRESS - *- ST-ZIP						
TITLE		☐ Delete	TITLE			·· <u> </u>		Change	Addition	1
NAME			NAME]
STREET ADDRESS CITY-ST-ZIP		. •		FT ADDRESS ST-ZIP						
TITLE		Delete	TITLE					Change	☐ Addition	1
NAME		L. Dekte	NAME	•			·	_1 ∩ ionida		1
STREET ADDRESS			STREE	T ADDRESS						1
CITY-ST-ZIP			СПҮ-	ST-ZIP	· ·					
44	والمعاطرات والمراوي والمراه أساما والمراوية والمراوية والمراوية والمراوية		AL		C 110 07/	NON MICHAEL PROPRIES AND AGE			4	1

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 REQUIRED SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SKONTO MANAGEM MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Davime Phone &