

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

07-13-2005 90110 005 \*\*\*\*55.00

**20063046**



07012005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L99000005572</b> 1. Entity Name <b>GULF COAST DEVELOPMENT GROUP, L.C.</b>					
Principal Place of Business <b>3292 GREEN DOLPHIN LN. NAPLES, FL 34102</b>			Mailing Address <b>3292 GREEN DOLPHIN LN. NAPLES, FL 34102</b>		
2. Principal Place of Business <b>515 TERRACINA WAY</b> Suite, Apt. #, etc.		3. Mailing Address <b>515 TERRACINA WAY</b> Suite, Apt. #, etc.		4. FEI Number <b>59-3596798</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
City & State <b>NAPLES, FL</b>		City & State <b>NAPLES FL</b>			
Zip <b>34119</b>		Zip <b>34119</b>			
Country		Country			
6. Name and Address of Current Registered Agent <b>MALAMPHY, GERALD 3292 GREEN DOLPHIN LANE NAPLES, FL 34102</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. SIGNATURE  DATE <b>7-7-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SALCE, ANTHONY H JR. 3292 GREEN DOLPHIN LANE NAPLES, FL 34102</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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.					
<b>SIGNATURE:</b> <b>7-7-05 239-304-1161</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					