


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000009274</b> 1. Entity Name GULFWINDS INCOME VENTURES, L.L.C.	
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Principal Place of Business 5869 SEA GRASS LANE NAPLES, FL 34116	Mailing Address 5869 SEA GRASS LANE NAPLES, FL 34116
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**DO NOT WRITE IN THIS SPACE**



09092004 No Chg-LLC

CR2E083 (10/03)

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

6. Name and Address of Current Registered Agent

STEINBERG, DALE H  
5869 SEA GRASS LANE  
NAPLES, FL 34116

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

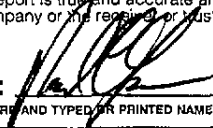
**Filing Fee is \$50.00  
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STEINBERG, DALE H 5869 SEA GRASS LANE NAPLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LARSEN, PAUL C 5869 SEA GRASS LANE NAPLES, FL 34116
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U00000172138  
09/13/04-80001-006 50.00

**DO NOT WRITE  
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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 registered or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  PAUL C. LARSEN 9-7-04 239-352-9939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #