

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000009274 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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01252006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0966811	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent STEINBERG, DALE H 5869 SEA GRASS LANE NAPLES, FL 34116
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DO NOT WRITE IN THIS SPACE

6. 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.

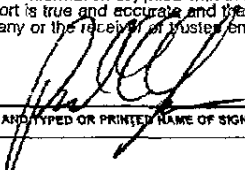
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEINBERG, DALE H 5869 SEA GRASS LANE NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LARSEN, PAUL C 5869 SEA GRASS LANE NAPLES, FL 34116
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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:  **Paul C. LARSEN** 1-25-06 239-352-9939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone