2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# L99000009274

Entity Name: GULFWINDS INCOME VENTURES, L.L.C.

Current Principal Place of Business:

5869 SEA GRASS LANE
NAPLES, FL 34116

New Principal Place of Business:

Current Mailing Address:

5869 SEA GRASS LANE
NAPLES, FL 34116

New Mailing Address:

PO BOX 990486
NAPLES, FL 34116

FEI Number: 65-0966811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: STEINBERG, DALE H
Address: 5869 SEA GRASS LANE
City-St-Zip: NAPLES, FL 34116

Title: MGRM ( ) Delete
Name: LARSEN, PAUL C
Address: 5869 SEA GRASS LANE
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: STEINBERG, DALE H
Address: PO BOX 990486
City-St-Zip: NAPLES, FL 34116

Title: MGRM (X) Change ( ) Addition
Name: LARSEN, PAUL C
Address: PO BOX 990486
City-St-Zip: NAPLES, FL 34116

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 MGRM 04/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date