


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 25, 2005 08:00 AM
Secretary of State**

DOCUMENT # M00000001962 1. Entity Name GULF COMMUNICATIONS, LLC	
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Principal Place of Business 19812 UNDERWOOD ROAD FOLEY, AL 36535	Mailing Address P.O. BOX 410 MEBANE, NC 27302
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01312005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2156821	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 _____
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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VANDERWOUDE, J. STEPHEN 103 SOUTH FIFTH STREET MEBANE, NC 27302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUNU, PAUL H 103 SOUTH FIFTH STREET MEBANE, NC 27302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPRINGER, MATT 103 SOUTH FIFTH STREET MEBANE, NC 27302
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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Stephen Vanderwoude 4/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #