

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

0040237

DOCUMENT # M01000001603

1. Entity Name

GULF COAST LIMITED, LLC

03-05-2002 90006 042 *****50.00

Principal Place of Business

**4648 ASHTON ROAD
 SARASOTA FL 34233**

Mailing Address

**4648 ASHTON ROAD
 SARASOTA FL 34233**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1109657

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALDWELL, EDWIN A
 4648 ASHTON ROAD
 SARASOTA FL 34233**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: Delete
 NAME: **MGRM CALDWELL, EDWIN A**
 STREET ADDRESS: **4648 ASHTON ROAD**
 CITY-ST-ZIP: **SARASOTA FL 34233**

TITLE: Change Addition
 NAME: **MGRM CALDWELL, EDWIN A.**
 STREET ADDRESS: **8560 WOODBRIAR DRIVE**
 CITY-ST-ZIP: **SARASOTA, FL. 34238**

TITLE: Delete
 NAME: **MGRM MUNOZ, FRANCIS E**
 STREET ADDRESS: **4648 ASHTON ROAD**
 CITY-ST-ZIP: **SARASOTA FL 34233**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME: **MGRM SILVA-VERPONI, EDSON S**
 STREET ADDRESS: **4648 ASHTON ROAD**
 CITY-ST-ZIP: **SARASOTA FL 34233**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME: **MGRM NEMBRINI, DANIEL E.**
 STREET ADDRESS: **4648 ASHTON ROAD**
 CITY-ST-ZIP: **SARASOTA, FL. 34233**

TITLE: Change Addition
 NAME: **MGRM NEMBRINI DANIEL E.**
 STREET ADDRESS: **4648 ASHTON ROAD**
 CITY-ST-ZIP: **SARASOTA, FL. 34233**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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: *[Signature]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/7/02 **941-926-8031**
 Date Daytime Phone #

CR2E083 (9/01)