


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90058 046 ****50.00

| | |
|---|---|
| DOCUMENT # M03000002599 |  |
| 1. Entity Name GULF SHORE PROPERTIES, LLC | |

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|---|---|
| Principal Place of Business 19705 NORTH SHORE DRIVE SPRING LAKE, MI 49456 | Mailing Address 19705 NORTH SHORE DRIVE SPRING LAKE, MI 49456 |
|---|---|

20000755

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|---|---|
| 2. Principal Place of Business 691 KETCH DRIVE Suite, Apt. #, etc. | 3. Mailing Address 691 KETCH DRIVE Suite, Apt. #, etc. |
|---|---|

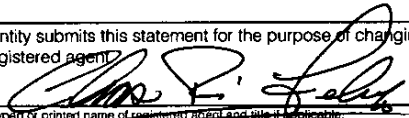
| | |
|-----------------------------------|-----------------------------------|
| City & State NAPLES, FL | City & State NAPLES, FL |
| Zip 34103 | Country USA |
| Zip 34103 | Country USA |



01122006 Chg-LLC CR2E083 (11/05)

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|---|--|
| 6. Name and Address of Current Registered Agent FELIX, CHARLES 619 KETCH DRIVE NAPLES, FL 34103 | |
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| 7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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| 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  | DATE 1/12/06 |

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

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BUTH, STEVEN 19599 NORTH SHORE DRIVE SPRING LAKE, MI 49456 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FELIX, CHARLES 619 KETCH DRIVE NAPLES, FL 34103 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/12/06 239-213-8878