2005 LIMITED LIABILITY COMPANY

the obligations of registered agent.

SIGNATURE AND TYPED OR PRINTED NAME OF S

ANNUAL REPORT DOCUMENT # M03000003425 GULF COAST PROPERTIES, LTD. CO. Mailing Address Principal Place of Business 3473 RIDGEWAY ROAD 3473 RIDGEWAY ROAD KETTERING, OH 45419 KETTERING, OH 45419 07082005 No Chg-LLC DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent LANDIS, JESSE 4106 CONWAY BLVD. PORT CHARLOTTE, FL 33952

FILED Jul 26, 2005 08:00 AM Secretary of State

CR2E083 (10/03)

Certificate of Status Desired	 \$5.00 Additional	
33-1067853	Not Applicable	
4. FEI Number	 Applied For	

DO NOT WRITE IN THIS SPACE

SIGNATURE.	Signature, your or printed hame of registered agent and little if expilicable	0.00	DATE
Fii Due I	ling Fee is \$50.00 by September 7, 2005	(NOTE Registered Agent algoriture required when reinstaling)	UAIE
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGR PALEY, JONATHAN J MD 3473 RIDGEWAY ROAD KETTERING, OH 45419		- Agent good
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RETERING, OH 40419	U0 07/26	0000374543 205-80004-015 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby	certify that the information supplied with this filing does not que ton this report is true and accurate and that my signature shall be company or the receiver or trustee empowered to expense.	ugify for the exemption stated in Section 119.07(3)(1). Florida Sta thave the same legal effect as if made under cath, that I am a under this report as regulared by Chapter 608. Florida Statules	tutes. I further certify that the information managing member or manager of the

G MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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