

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90065 023 ****50.00

20040778



04192006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-2386722** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

DOCUMENT # M05000001789

1. Entity Name
GULF ATLANTIC OPERATIONS, LLC



Principal Place of Business
7026 OLD KATY ROAD, SUITE 249
HOUSTON, TX 77024-2125

Mailing Address
7026 OLD KATY ROAD, SUITE 249
HOUSTON, TX 77024-2125

2. Principal Place of Business
2603 AUGUSTA DR
Suite, Apt. #, etc.
STE 1450
City & State
HOUSTON TX
Zip
77057 Country
USA

3. Mailing Address
2603 AUGUSTA DR
Suite, Apt. #, etc.
STE 1450
City & State
HOUSTON TX
Zip
77057 Country
USA

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

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 | MGR WUERTZ, HENRY P 7026 OLD KATY ROAD, SUITE 249 HOUSTON, TX 770242125 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT WM KEITH MAXWELL III 405 LINDEWOOD DR HOUSTON TX 77024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FRIETACH, STEVEN 7026 OLD KATY ROAD, SUITE 249 HOUSTON, TX 770242125 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO TODD GIBSON 17102 LAKEWAY PARK TOMBALL TX 77375 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | COO PHILIP DUMAS 905 MILLSTONE CT SUGARLAND TX 77478 <input type="checkbox"/> Change <input checked="" 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: **4/19/2006 713-293-3350**

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