2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 14, 2006 8:00 am Secretary of State 03-14-2006 90202 017 ****50.00

DOCUMENT # M05000003337 1. Entity Name GULFSHORE INVESTMENTS, LLC						03-14-2006 90202 017 ****50.00			
Principal Place	e of Business	Mailing Address			200	15784			
110 W. BERRY ST., STE. 1100 FORT WAYNE, IN 46802		110 W. BERRY ST., STE. 1700 Fort Wayne, in 46802							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062006	Chg-LLC	CR2E083 (11/0	5)		
City & State		City & State		4. FEI Number	# 438986	7	Applied For Not Applicable		
Zip	Country	Žip Cour		ıy	5. Certificate	of Status Desired	□ \$5.00 / Fee Requ		
	6. Náme and Address of Current !	Registered Agent		Al.	7. Name and	Address of New R	egistered Agent		
RUCH, MIC	THAEL &			Name					
	DARWOOD LN, #1606			Street Addre	ss (P.O. Box Numb	er is Not Acceptable)		

		City					FL Zip C	ode	
	named eatity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or regi	istered agent, or bo	th, in the State of Flo	orida. I am familiar wi	h, and accept	
SIGNATURE .	Signature, typed gribnited name of registered agent a	nd title if apolicable. (NOT	E: Recustered	Agent signature reg	quired when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006									
Fi Di	ling Fee is \$50.00 ue by May 1, 2006						e check payable t a Department of S		
Fi De	ling Fee is \$50.00 ue by May 1; 2006 MANAGING MEMBE	RS/MANAGERS	10.				Department of S		
	MANAGING MEMBE	RS/MANAGERS				Florida	Department of S	ate	
9. TITLE NAME	MANAGING MEMBE MGR RUCH, MICHAEL K	···	10.			Florida	CHANGES	ate	
9. TITLE	MANAGING MEMBE	···	10. DILE NAMI			Florida	CHANGES	ate	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR RUCH, MICHAEL K 1304 S. DEWEY ST.	···	10. DILE NAMI	ET ADORESS - ST-ZIP		Florida	CHANGES	ate e Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGR RUCH, MICHAEL K 1304 S. DEWEY ST.	☐ Delete	10. DILE NAMI STRE CITY TITLE	ET ADORESS -ST-ZIP		Florida	a Department of State of CHANGES Change	ate e Addition	
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I nereby certify that the information supplied with this tiling does not quality for the exemptions contained in Chapter 19, Florida Statutes. Further certify that the miormation 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.

260-403-9777 NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE