2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M05000003337

 Entity Name GULFSHORE INVESTMENTS, LLC



FILED
Jan 29, 2007 08:00 AM
Secretary of State

Principal Place of Business

110 W. BERRY ST., STE. 1100 FORT WAYNE, IN 46802 Mailing Address

110 W. BERRY ST., STE. 1100 FORT WAYNE, IN 46802



01182007 No Chg-LLC

5. Certificate of Status Desired

CR2E083 (11/05)

Daytime Phone #

4. FEI Number 20-4389862

Not Applicable

\$5.00 Additional
Fee Required

Applied For

6. Name and Address of Current Registered Agent

RUCH, MICHAEL K 15161 CEDARWOOD LN, #1606 NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE

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_	Signature, typed or printed name of registered agent and tide if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUCH, MICHAEL K 1304 S. DEWEY ST. AUBURN, IN 46706	ya.)	U00000608253 02/01/07-80003-015 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		оджиран учений од	en elektron nem syske se se sjen i sakti i i heter i Seme je Se sili
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS 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 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 AND TYPED OR BRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE