

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004714

FILED
Jan 20, 2009
Secretary of State

Entity Name: GULFVIEW DEVELOPMENT AND CONSTRUCTION, LLC

Current Principal Place of Business:

9340 COLONNADE TRAIL
ALPHARETTA, GA 30022

New Principal Place of Business:

5185 PEACHTREE PARKWAY
STE. 380
NORCROSS, GA 30092

Current Mailing Address:

9340 COLONNADE TRAIL
ALPHARETTA, GA 30022

New Mailing Address:

5185 PEACHTREE PARKWAY
STE. 380
NORCROSS, GA 30092

FEI Number: 20-3293196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, JOHN
183 PRITCHARD ROAD
DESTIN, FL 32550 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ARNOLD, ALAN K
Address: 9340 COLONNADE TRAIL
City-St-Zip: ALPHARETTA, GA 30022

Title: MGRM () Delete
Name: WAKEFIELD, LAMAR
Address: 5155 PEACHTREE PKWY BLDG 300 STE 3220
City-St-Zip: NORCROSS, GA 30092

Title: MGRM () Delete
Name: RYBERT, FRITZ
Address: 5775-A GLENDRIDGE DR STE 160
City-St-Zip: ATLANTA, GA 30328

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALAN K ARNOLD

MGRM

01/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date