

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90017 007 \*\*\*\*55.00

**DOCUMENT # M05000005407**

1. Entity Name  
GULF COAST REALTY, LLC



Principal Place of Business  
1101 WEST MAPLE AVENUE  
GENEVA, AL 36340

Mailing Address  
1101 WEST MAPLE AVENUE  
GENEVA, AL 36340

**DO NOT WRITE IN THIS SPACE**



04042006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-2635509(20-4142263)

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SMITH, GENE  
8715 SURF DRIVE #606  
PANAMA CITY BEACH, FL 32408

**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

*Gene Smith*  
Signature, typed or printed name of registered agent and title if applicable.

*Gene Smith*

(NOTE: Registered Agent signature required when reinstating)

4/04/06

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GRAY, JEFF  
400 NORTH PRIDGEN STREET  
GENEVA, AL 36340

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ROSS, PEGGY L  
1114 STATE HIGHWAY 85  
GENEVA, AL 36340

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BECK, GROVER R II  
2102 ENTERPRISE ROAD  
GENEVA, AL 36340

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SMITH, TOMMY G II  
208 WEST LAKESHORE DRIVE  
GENEVA, AL 36340

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Jeff Gray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Jeff Gray

4/04/06

Date

334-684-7653

Daytime Phone #