

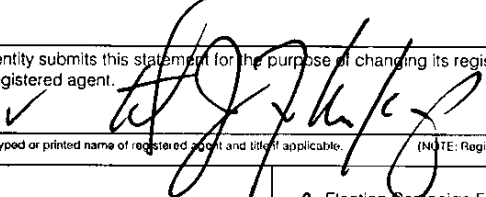
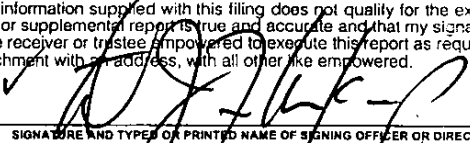


**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

4001900-

<b>DOCUMENT # P96000100058</b>				<b>Secretary of State</b>	
1. Entity Name SOUTH GULF COVE PROPERTIES, INC.				02-07-2008 90022 018 ***150.00	
Principal Place of Business 2911 NE PINE ISLAND RD CAPE CORAL, FL 33909		Mailing Address 2911 NE PINE ISLAND RD CAPE CORAL, FL 33909		40013000 	
2. Principal Place of Business - No P.O. Box #  3443 Hancock Bridge Parkway Suite 301 N. Fort Myers, FL 33903		3. Mailing Address  3443 Hancock Bridge Parkway Suite 301 N. Fort Myers, FL 33903		01072008 Chg-P CR2E034 (12/06)	
Zip Country		Zip Country		4. FEI Number 59-3425812 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  FULENKAMP, DENNIS J 2911 NE PINE ISLAND RD CAPE CORAL, FL 33909			7. Name and Address of New Registered Agent  Name Street Address: Fullenkamp, Dennis J. 3443 Hancock Bridge Parkway Suite 301 N. Fort Myers, FL 33903 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:  DATE: 2-4-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FULENKAMP, DENNIS J 2911 NE PINE ISLAND RD CAPE CORAL, FL 33909	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Fullenkamp, Dennis J. 3443 Hancock Bridge Parkway Suite 301 N. Fort Myers, FL 33903	<input checked="" type="checkbox"/> Change <input 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
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
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
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
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			2-4-08 239-995-4884 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					