


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000015838
1. Entity Name
GULFSIDE LAND DEVELOPMENT, L.L.C.



Principal Place of Business Mailing Address
6187 NW 167TH STREET H-25 6187 NW 167TH STREET H-25
MIAMI, FL 33015 MIAMI, FL 33015

DO NOT WRITE IN THIS SPACE



02032004 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
02-0626564 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PINNA, WILLIAM R
6187 NW 167TH STREET H-25
MIAMI, FL 33015

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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:  2/3/04
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

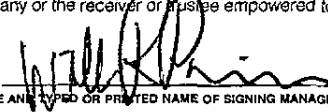
**Filing Fee is \$50.00
Due by May 1, 2004**

U00000038656
02/06/04-80145-022 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PINNA, WILLIAM 49 NE 158 ST. MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEUMANN, BARRY 15 CORRINE PLACE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COSTELLO, KATHRYN 3286 N. SIDE PKWY BORGHESE #904 ATLANTA, GA 30327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELDEN, SCOTT 4535 VASCO STREET PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELDEN, SHERRI 4535 VASCO STREET PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PINNA, JOANN 49 NE 158 ST. MIAMI, FL 33162

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  2/3/04 305/835-3004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #