

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015838

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: GULFSIDE LAND DEVELOPMENT, L.L.C.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 02-0626564      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PINNA, WILLIAM R  
6187 NW 167TH STREET H-25  
MIAMI, FL 33015 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: MGR ( ) Delete  
Name: PINNA, WILLIAM  
Address: 49 NE 158 ST.  
City-St-Zip: MIAMI, FL 33162

Title: MGRM ( ) Delete  
Name: NEUMANN, BARRY  
Address: 15 CORRINE PLACE  
City-St-Zip: KEY LARGO, FL 33037

Title: MGR ( ) Delete  
Name: COSTELLO, KATHRYN  
Address: 3286 N. SIDE PKWY BORGHESE #904  
City-St-Zip: ATLANTA, GA 30327

Title: MGR ( ) Delete  
Name: BELDEN, SCOTT  
Address: 4535 VASCO STREET  
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGRM ( ) Delete  
Name: BELDEN, SHERRI  
Address: 4535 VASCO STREET  
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGRM ( ) Delete  
Name: PINNA, JOANN  
Address: 49 NE 158 ST.  
City-St-Zip: MIAMI, FL 33162

**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:

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 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: WILLIAM PINNA

MGR

01/04/2007

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