


FILED
Jun 09, 2004 8:00 am
Secretary of State

05-11-2004 90003 037 ****55.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

| | | | | | |
|---|---|------------------|--|---|-----------------------------------|
| DOCUMENT # L03000013340 | | | |  | |
| 1. Entity Name GULFSTREAM MALL HOLDINGS, LLC | | | | | |
| Principal Place of Business 6300 NE 1ST AVE., STE. 300 FT LAUDERDALE, FL 33334 | | | Mailing Address 6300 NE 1ST AVE., STE. 300 FT LAUDERDALE, FL 33334 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 4. FEI Number | | | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| ANGELO BARRY & BOLDT, P.A. 515 EAST LAS OLAS BLVD., STE. 850 FT LAUDERDALE, FL 33301 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by September 8, 2004 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MANAGING MEMBER <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | John A. Roschman | NAME | | | |
| STREET ADDRESS | 6300 NE 1ST AVE, 2ND FL | STREET ADDRESS | | | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33334 | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  | | JOHN A. ROSCHMAN | | MANAGING MEMBER | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | | Daytime Phone # | |
| | | 6-2-04 | | 954776-7900 | |

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