

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90110 048 ****50.00

DOCUMENT # L03000013340

1. Entity Name
GULFSTREAM MALL HOLDINGS, LLC



Principal Place of Business Mailing Address
6300 NE 1ST AVE., STE. 300 **6300 NE 1ST AVE., STE. 300**
FT LAUDERDALE, FL 33334 **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

6. Name and Address of Current Registered Agent
ANGELO BARRY & BOLDT, P.A.
515 EAST LAS OLAS BLVD., STE. 850
FT LAUDERDALE, FL 33301

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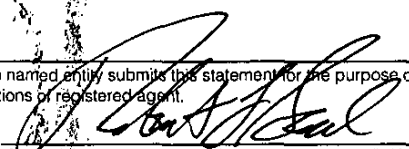
04262005 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

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

7. Name and Address of New Registered Agent
 Name **Robert L. Sader, Esq.**
 Street Address (P.O. Box Number is Not Acceptable)
1901 W. Cypress Creek Road #415
 City **Fort Lauderdale** FL Zip Code **33309**

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  **ROBERT L. SADER** DATE **4-26-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State


9. MANAGING MEMBERS/MANAGERS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ROSCHEMAN, JOHN A 6300 NE 1ST AVE., 3RD FLOOR FORT LAUDERDALE, FL 33334 | <input type="checkbox"/> Delete |
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10. ADDITIONS/CHANGES

| | | |
|--|--|---|
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  **MANAGING MEMBER** DATE **4-26-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #