

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90036 045 \*\*\*\*50.00

**DOCUMENT # L03000013340**  
 1. Entity Name  
**GULFSTREAM MALL HOLDINGS, LLC**



|  |  |
|--|--|
| Principal Place of Business<br>6300 NE 1ST AVE., STE. 300<br>FT LAUDERDALE, FL 33334 | Mailing Address<br>6300 NE 1ST AVE., STE. 300<br>FT LAUDERDALE, FL 33334 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



04122007 No Chg-LLC CR2E083 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>NOT APPLICABLE</b>                    | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

6. Name and Address of Current Registered Agent  
 SADER, ESQ., ROBERT L.  
 1901 W. CYPRESS CREEK ROAD  
 # 415  
 FORT LAUDERDALE, FL 33309

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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 \_\_\_\_\_  
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, 2007**

9. MANAGING MEMBERS/MANAGERS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>ROSCHEMAN, JOHN A<br>6300 NE 1ST AVE., 3RD FLOOR<br>FORT LAUDERDALE, FL 33334 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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11. 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 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #