

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013340

FILED
Apr 28, 2009
Secretary of State

Entity Name: GULFSTREAM MALL HOLDINGS, LLC

Current Principal Place of Business:

6300 NE 1ST AVE., STE. 300
FT LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

6300 NE 1ST AVE., STE. 300
FT LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SADER, ESQ., ROBERT L.
1901 W. CYPRESS CREEK ROAD
415
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

SADER, ESQ., ROBERT L.
6300 NE 1ST AVENUE
SUITE 202
FORT LAUDERDALE, FL 33334 US

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: _____ 04/28/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROSCHMAN, JOHN A
Address: 6300 NE 1ST AVE., 3RD FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33334

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: ROSCHMAN, BETH L
Address: 6300 NE 1ST AVENUE, 3RD FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: MGRM (X) Change () Addition
Name: ROSCHMAN, BETTY L
Address: 6300 NE 1ST AVENUE, 3RD FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33334

I hereby certify that the information supplied with this filing does not qualify 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: BETTY ROSCHMAN MGRM 04/28/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date