

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

06 MAY -9 PM 12:09

SECRET  
TALLAHASSEE, FLORIDA

**DOCUMENT # L05000087999**

1. Entity Name  
**GULF STREAM RESIDENCES LLC**



Principal Place of Business  
**3435 NORTH OCEAN BLVD.  
GULFSTREAM, FL 33483**

Mailing Address  
**% RICHARDS, P.A.  
2665 S. BAYSHORE DRIVE, SUITE 703  
MIAMI, FL 33133**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

04202006 Chg-LLC CR2E083 (11/05)

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WORLD CORPORATE SERVICES, INC.  
2665 SOUTH BAYSHORE DRIVE  
SUITE 703  
MIAMI, FL 33133**

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

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, 2006**

**(Make check payable to  
Florida Department of State)**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  Delete  
NAME ARCAINI, TONIO G.B.  
STREET ADDRESS 3435 NORTH OCEAN BLVD.  
CITY-ST-ZIP GULFSTREAM, FL 33483

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  Delete  
NAME ARCAINI, REBECCA  
STREET ADDRESS 3435 NORTH OCEAN BLVD.  
CITY-ST-ZIP GULFSTREAM, FL 33483

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**900075286249  
05/25/06--01024--016 \*\*1100.00**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

**Tonio G.B. Arcaini**      4/17/06      (305) 858-9900

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

DAYTIME PHONE #