


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L05000087999</b> 1. Entity Name <b>GULF STREAM RESIDENCES LLC</b>	
---------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

FILED

2007 MAY 18 P 4: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>3435 NORTH OCEAN BLVD. GULFSTREAM, FL 33483</b>	Mailing Address <b>% RICHARDS, P.A. 2665 S. BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133</b>
---------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address <b>2665 S. Bayshore Drive Suite 703</b>
-----------------------------------------------------------------------	-------------------------------------------------------------------

04102007 Chg-LLC CR2E083 (12/06)

City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>	4. FEI Number <b>20-8215786</b>	Applied For Not Applicable
Zip <b>33133</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  <b>WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133</b>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	ARCAINI, TONIO G.B.
STREET ADDRESS	3435 NORTH OCEAN BLVD.
CITY-ST-ZIP	GULFSTREAM, FL 33483
TITLE	MGR <input type="checkbox"/> Delete
NAME	ARCAINI, REBECCA
STREET ADDRESS	3435 NORTH OCEAN BLVD.
CITY-ST-ZIP	GULFSTREAM, FL 33483
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700103219287

05/24/07--01033--006 \*\*900.00

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. (305) 858-9900

**SIGNATURE:** Timothy D. Richards Date: 4/19/07

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