


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -7 PM 1:52

DOCUMENT # L05000087999					
1. Entity Name GULF STREAM RESIDENCES LLC					
Principal Place of Business 3435 NORTH OCEAN BLVD. GULFSTREAM, FL 33483			Mailing Address 2665 S. BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133		
2. Principal Place of Business - No P.O. Box # 1280 South Ocean Blvd.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Manalapan, FL		City & State		04232008 Chg-LLC CR2E083 (12/06)	
Zip 33462		Country USA		4. FEI Number 20-8215786	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARCAINI, TONIO G.B. 3435 NORTH OCEAN BLVD. GULFSTREAM, FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Arcaini, tonio G.B. 1280 South Ocean Blvd. Manalapan, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARCAINI, REBECCA 3435 NORTH OCEAN BLVD. GULFSTREAM, FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Arcaini, Rebecca 1280 South Ocean Blvd. Manalapan, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 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: <i>Timothy D. Richards</i>		Date: 4/23/08		(305) 858-9900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					