


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90042 029 \*\*\*\*50.00

<b>DOCUMENT # L05000090496</b>	
1. Entity Name GULSAGE INVESTMENTS, L.L.C.	

Principal Place of Business 508 EAST BOYNTON BEACH BLVD BOYNTON BEACH, FL 33435	Mailing Address 508 EAST BOYNTON BEACH BLVD BOYNTON BEACH, FL 33435
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2. Principal Place of Business	3. Mailing Address 1847 N.E. 211 LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State NORTH MIAMI BEACH
Zip	Country U.S.A.



03012006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3505582	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MOSKOVITZ, DANIEL ESQ 48 EAST FLAGLER STREET, PH-104 MIAMI, FL 33131	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

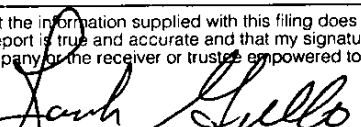
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	MGR SAGER, STEVEN 508 EAST BOYNTON BEACH BLVED BOYNTON BEACH, FL 33435 <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	MGR GULLO, JOSEPH 508 EAST BOYNTON BEACH BLVED BOYNTON BEACH, FL 33435 <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
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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 for the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **JOSEPH GULLO**      3-7-2006      305-936-9499

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