



**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 18, 2006 8:00 am**  
**Secretary of State**

01-18-2006 90005 030 \*\*\*\*50.00

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DOCUMENT # L05000102430					
1. Entity Name GULFSTREAM REALTY, LLC					
Principal Place of Business 1251 BANYAN ROAD BOCA RATON, FL 33432		Mailing Address 1251 BANYAN ROAD BOCA RATON, FL 33432			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01062006 Chg-LLC CR2E083 (11/05) 4. FEI Number <b>59-3822941</b> 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			7. Name and Address of New Registered Agent		
YAHN, WILLIAM D 1251 BANYAN ROAD BOCA RATON, FL 33432			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 re-registering) 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	<i>MANAGER WILLIAM D. YAHN 1251 BANYAN RD. BOCA RATON, FL 33432</i>	<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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 		Date: <i>1/6/06</i>		Daytime Phone #: <i>561-386-3317</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					