

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000015838

1. Entity Name

GULFSIDE LAND DEVELOPMENT, L.L.C.



Principal Place of Business

6187 NW 167TH STREET H-25
MIAMI, FL 33015

Mailing Address

6187 NW 167TH STREET H-25
MIAMI, FL 33015



02032004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0626564

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PINNA, WILLIAM R
6187 NW 167TH STREET H-25
MIAMI, FL 33015

**DO NOT WRITE
IN THIS SPACE**

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

2/3/04

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000038656
02/06/04-80145-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PINNA, WILLIAM
STREET ADDRESS	49 NE 158 ST.
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	MGRM
NAME	NEUMANN, BARRY
STREET ADDRESS	15 CORRINE PLACE
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	MGR
NAME	COSTELLO, KATHRYN
STREET ADDRESS	3286 N. SIDE PKWY BORGHESE #904
CITY-ST-ZIP	ATLANTA, GA 30327
TITLE	MGR
NAME	BELDEN, SCOTT
STREET ADDRESS	4535 VASCO STREET
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	MGRM
NAME	BELDEN, SHERRI
STREET ADDRESS	4535 VASCO STREET
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	MGRM
NAME	PINNA, JOANN
STREET ADDRESS	49 NE 158 ST.
CITY-ST-ZIP	MIAMI, FL 33162

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Signature typed or printed name of signing managing member, or authorized representative

DATE

Daytime Phone #

2/3/04

305/
835-3004