

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 8:00 am**  
**Secretary of State**

01-16-2004 90015 032 \*\*\*\*50.00

**DOCUMENT # L00000002512**

1. Entity Name  
**GULFSTREAM PROFESSIONAL BUILDING, L.L.C.**



Principal Place of Business  
**2240 WOOLBRIGHT RD, STE 300  
BOYNTON BEACH, FL 33426**

Mailing Address  
**2240 WOOLBRIGHT RD, STE 300  
BOYNTON BEACH, FL 33426**

**24001719**



01092004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0990797**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**APPIGNANI, LOUIS J  
2240 WOOLBRIGHT RD, STE 300  
BOYNTON BEACH, FL 33426**

**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

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
APPIGNANI, LOUIS J  
2240 WOOLBRIGHT RD, SUITE 300  
BOYNTON BEACH, FL 33426**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MEM  
BYRNE, MATTHEW L  
332 N. BOSTON AVE.  
MASSAPEQUA, NY**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MEM  
BYRNE, LAWRENCE  
218 ANCON AVE.  
PELHAM, NY 10803**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MEM  
BYRNE, STEVEN  
7 SUNSET AVE.  
GLEN COVE, NY 11542**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MEM  
BYRNE, KENNETH  
332 N. BOSTON AVE.  
MASSAPEQUE, NY 10803**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Louis Appignani* 1/12/04 561-3645500