

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90044 020 ****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

20016181



01262005 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, 2005**

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

TITLE MEM
NAME BYRNE, KENNETH
STREET ADDRESS 332 N. BOSTON AVE.
CITY-ST-ZIP 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 #