

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90044 044 \*\*\*\*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

**20020681**



01192006 No Chg-LLC

CR2E083 (11/05)

**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, 2006**

**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 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:** \_\_\_\_\_

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

*3/15/06 561-364-5500*  
Date Daytime Phone #