

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000002512</b> 1. Entity Name GULFSTREAM PROFESSIONAL BUILDING, L.L.C.	
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Principal Place of Business 2240 WOOLBRIGHT RD, STE 300 BOYNTON BEACH, FL 33426	Mailing Address 2240 WOOLBRIGHT RD, STE 300 BOYNTON BEACH, FL 33426
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04042007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0990797	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  APPIGNANI, LOUIS J 2240 WOOLBRIGHT RD, STE 300 BOYNTON BEACH, FL 33426
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**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, 2007**

U000000706440  
04/24/07-80034-013 50.00

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: Louis J Appignani  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

4/4/07 561-364-5500  
Date Daytime Phone #

Louis J Appignani