

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

**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



03112008No Chg-LLC

CR2E083 (12/07)

**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

05/22/08

05/22/08-80058-021 138.75

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**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

Date

*Louis J. Appignani* 4/28/08  
528-367-5500