

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002512

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: GULFSTREAM PROFESSIONAL BUILDING, L.L.C.

**Current Principal Place of Business:**

2240 WOOLBRIGHT RD, STE 300  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

2240 WOOLBRIGHT RD, STE 300  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

FEI Number: 65-0990797

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: APPIGNANI, LOUIS J  
Address: 2240 WOOLBRIGHT RD. SUITE 300  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MEM (X) Delete  
Name: BYRNE, MATTHEW L  
Address: 332 N. BOSTON AVE.  
City-St-Zip: MASSAPEQUA, NY

Title: MEM (X) Delete  
Name: BYRNE, LAWRENCE  
Address: 218 ANCON AVE.  
City-St-Zip: PELHAM, NY 10803

Title: MEM (X) Delete  
Name: BYRNE, STEVEN  
Address: 7 SUNSET AVE.  
City-St-Zip: GLEN COVE, NY 11542

Title: MEM (X) Delete  
Name: BYRNE, KENNETH  
Address: 332 N. BOSTON AVE.  
City-St-Zip: MASSAPEQUE, NY 10803

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

04/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date