

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90043 016 ****50.00

DOCUMENT # L01000009445 1. Entity Name GULFSTREAM LAND COMPANY, LLC					
Principal Place of Business 3210 ST. CHARLES PLACE BOCA RATON, FL 33434			Mailing Address 3210 ST. CHARLES PLACE BOCA RATON, FL 33434		
2. Principal Place of Business <i>801 SW San Antonio Drive</i>		3. Mailing Address <i>801 SW San Antonio Drive</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		07072005 Chg-LLC CR2E083 (10/03)	
City & State <i>Palm City, Florida</i>		City & State <i>Palm City, Florida</i>		4. FEI Number 65-1127287	
Zip <i>34990</i>		Country <i>MARTIN</i>		Applied For <input type="checkbox"/> Not Applicable	
Zip <i>34990</i>		Country <i>MARTIN</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BIGGS, ARTHUR E 3210 ST. CHARLES PLACE BOCA RATON, FL 33434				7. Name and Address of New Registered Agent Name <i>Biggs Arthur E</i> Street Address (P.O. Box Number is Not Acceptable) <i>801 SW San Antonio Drive</i> City <i>Palm City</i> FL Zip Code <i>34990</i>	
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 <i>Arthur E Biggs</i> DATE <i>7/7/05</i> <small>Signature, typed or printed name of registered agent, or title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENWICH CAPITAL CORPORATION 3210 ST. CHARLES PLACE BOCA RATON, FL 33434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Greenwich Capital Corp 801 SW San Antonio Drive Palm City, Florida 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIGGS, ARTHUR E 3210 ST CHARLES PL BOCA RATON, FL 33434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Biggs ARTHUR E 801 SW San Antonio Drive Palm City, Florida 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIGGS, WILLIAM E 3210 ST CHARLES PL BOCA RATON, FL 33434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Biggs, William E 4450 SW Bimini Circle S Palm City, Florida 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIGGS, CHARLOTTE E 3210 ST CHARLES PL BOCA RATON, FL 33434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Biggs Charlotte E 801 SW San Antonio Drive Palm City, Florida 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Biggs ARTHUR E III 4401 SW Bimini Circle N Palm City, Florida 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Arthur E Biggs</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <i>7/7/05</i> Daytime Phone # <i>772 597-5862</i>		