

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000009445

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** GULFSTREAM LAND COMPANY, LLC

**Current Principal Place of Business:**

801 SW SAN ANTONIO DRIVE  
PALM CITY, FL 34990

**New Principal Place of Business:**

801 SW SAN ANTONIO DRIVE  
PALM CITY, FL 34990 US

**Current Mailing Address:**

801 SW SAN ANTONIO DRIVE  
PALM CITY, FL 34990

**New Mailing Address:**

801 SW SAN ANTONIO DRIVE  
PALM CITY, FL 34990 US

**FEI Number:** 65-1127287

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BIGGS, ARTHUR E  
801 SW SAN ANTONIO DRIVE  
PALM CITY, FL 34990 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:** MGR  
**Name:** BIGGS, ARTHUR E  
**Address:** 801 SW SAN ANTONIO DR  
**City-St-Zip:** PALM CITY, FL 34990 US

**Title:** MGR  
**Name:** BIGGS, ARTHUR E III  
**Address:** 2608 SW BEAUMONT AVE.  
**City-St-Zip:** PALM CITY, FL 34990 US

**Title:** MGR  
**Name:** BIGGS, WILLIAM E  
**Address:** 4456 SW BIMINI CIRCLE S  
**City-St-Zip:** PALM CITY, FL 34990 US

**Title:** MGR  
**Name:** BIGGS, CHARLOTTE  
**Address:** 801 SW SAN ANTONIO DR  
**City-St-Zip:** PALM CITY, FL 34990 US

I hereby 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:** ARTHUR E. BIGGS

MGRM

04/26/2012

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