## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L01000011210**

1. Entity Name

**GULFSTREAM HOTELS, LLC** 



FILED
Jan 16, 2004 08:00 AM
Secretary of State

Principal Place of Business

1 LAKE AVENUE LAKE WORTH, FL 33460 Mailing Address

10781 NW 5TH STREET PLANTATION, FL 33324



DO NOT WRITE IN THIS SPACE

01112004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1131560 Applied For Not Applicat

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ENGELHARD, BRETT 10781 NW 5TH STREET PLANTATION, FL 33324

the obligations of registered agent.

## DO NOT WRITE IN THIS SPACE

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE. Registered Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 bue by May 1, 2004		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ENGLEHARD, BRETT 10781 NW 5TH STREET PLANTATION, FL 33324		U000000006479 31/16/04-80036-014 <b>50.</b> 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO I	NOT WRITE
TITLE NAME STREET ADDRESS CITY-51-ZIP		IN T	HIS 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 acceptable

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BRET ENGELHARD

1/12/04

561-540-6000