## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L01000011210

1. Entity Name
GULFSTREAM HOTELS, LLC



FILED Jan 28, 2005 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

6. Name and Address of Current Registered Agent

01202005 No Chg-LLC

CR2E083 (10/03)

4. FE! Number 65-1131560

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

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

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	The above named entity submits this statement for the purpose of chang	ing its registered office or registered agent, or both, in t	he State of Florida. I am familiar with, and	accept
L	he obligations of registered agent.	-		
SIG	NATURE			
	Signature, typed or printed name of registered agent and title it applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
		· · · · · · · · · · · · · · · · · · ·		
	Filing Fee is \$50.00	• •		

Filing Fee is \$50.00 Due by May 1, 2005

MANAGING MEMBERS/MANAGERS MGR TITLE NAME ENGLEHARD, BRETT STREET ADDRESS 10781 NW 5TH STREET CITY-ST-ZIP PLANTATION, FL 33324 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

U00000201745 01/28/05-80078-010 **50.00** 

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11. Thereby 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 employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

1/20/05

561-540-6000