

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90313 009 \*\*\*\*50.00

**DOCUMENT # L02000000977**

1. Entity Name

**GOULD PLANTATION LLC**



Principal Place of Business

**60 CUTTER MILL RD., STE. 303  
GREAT NECK NY 11021**

Mailing Address

**60 CUTTER MILL RD., STE. 303  
GREAT NECK NY 11021**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (11/03)

4. FEI Number

**NO-T APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD., STE. 508  
MIAMI FL 33156**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME **MGR**  
STREET ADDRESS **GAULD INVESTORS, L.P.**  
CITY- ST- ZIP **60 CUTTER MILL RD.  
GREAT NECK NY 11021**

☐ Delete

TITLE  
NAME **GOULD INVESTORS, L.P.**  
STREET ADDRESS  
CITY- ST- ZIP

☒ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**(516) 466-3100**