# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 30, 2004**
**Secretary of State**

DOCUMENT# L02000007055

**Entity Name:** GULFSIDE GABLES I, LLC

**Current Principal Place of Business:**

6100 SW 76TH STR
SOUTH MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

6100 SW 76TH STREET
SOUTH MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

WEIDER, NORMAN S ESQ.
100 S.E. 2ND STREET
SUITE 3950
MIAMI, FL 33131

**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/MEMBERS:**

| | | |
|---|---|---|
| Title: | MGR | ( ) Delete |
| Name: | WARD, JACKSON | |
| Address: | 7700 RED ROAD | |
| City-St-Zip: | SOUTH MIAMI, FL 33143 | |
| Title: | MGR | ( ) Delete |
| Name: | JOHANSSON, STEFAN | |
| Address: | 7700 RED ROAD | |
| City-St-Zip: | SOUTH MIAMI, FL 33143 | |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JACKSON WARD MGR 04/30/2004

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