## 2006 LIMITED LIABILITY COMPANY

STREET ADDRESS CITY-ST-ZIP

**FILED** Feb 09, 2006 08:00 AM **ANNUAL REPORT** Secretary of State DOCUMENT # L02000011810 1. Entity Name 355 GULF STREAM LLC Mailing Address Principal Place of Business 1000 MARKET STREET 1001 E. ATLANTIC AVE BLDG. DNE, SUITE 300 SUITE 202 PORTSMOUTH, NH 03801 DELRAY BEACH, FL 33483 01202006 No Chg-LLC CRZE083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 76-0706630 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS 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 accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE WALSH, MARK NAME STREET ADDRESS 1001 E. ATLANTIC AVE., SUITE 202 DELRAY BEACH, FL 33483 CITY-ST-ZIP TITLE U00000427990 02/21/06-80029-021 50.00 NAME STREET ADDRESS City-St-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIF 3.007 IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIE nne NAME

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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.

IG MEMBER, OR AUTHORIZED REPRESENTATIVE