## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L02000011810

1. Entity Name 355 GULF STREAM LLC



Principal Place of Business

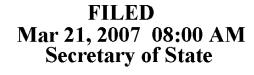
1001 E. ATLANTIC AVE

SUITE 202

DELRAY BEACH, FL 33483

Mailing Address

1000 MARKET STREET **BLDG. ONE, SUITE 300** PORTSMOUTH, NH 03801





DO NOT WRITE IN THIS SPACE

01032007 No Chg-LLC CR2E083 (11/05)

4. FEI Number	Applied For	
76-0706630	Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

SIGNATURE:

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	
Filing Fee is \$50.00 Due by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS			
NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSH, MARK 1001 E. ATLANTIC AVE., SUITE 202 DELRAY BEACH, FL 33483			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000674619 03/29/07-80076-021 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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 socialities 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 redeiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes.				

NTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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 | am familiar with, and accept