2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000011810

1. Entity Name 355 GULF STREAM LLC



FILED Apr 23, 2008 08:00 AN Secretary of State

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



01212008 No Chg-LLC

CR2E083 (12/07)

201979-9900

4.	FEI Number		Applied For
	76-0706630		Not Applicable
5.	Certificate of Status Desired	\$5.0	Additional

DO NOT WRITE IN THIS SPACE

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

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 \$138.75 After May 1, 2008 Fee will be \$538.75							
9.	MANAGING MEMBERS/MANAGERS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSH, MARK 1001 E. ATLANTIC AVE., SUITE 202 DELRAY BEACH, FL 33483		U00000915776				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			05/12/08-80001-021 138.75				
THLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE				
TITLE NAME STREET ADDRESS CHY-S1-ZIP		IN	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
11. Thereby 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							

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes

SIGNATURE AND TYPED OR PRINTED 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. I am familiar with, and accept