

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015838

FILED
Jan 09, 2009
Secretary of State

Entity Name: GULFSIDE LAND DEVELOPMENT, L.L.C.

Current Principal Place of Business:

6187 NW 167TH STREET H-25
MIAMI, FL 33015

New Principal Place of Business:

15181 N.W. 33RD PLACE
MIAMI, FL 33054

Current Mailing Address:

6187 NW 167TH STREET H-25
MIAMI, FL 33015

New Mailing Address:

15181 N.W. 33RD PLACE
MIAMI, FL 33054

FEI Number: 02-0626564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINNA, WILLIAM R
6187 NW 167TH STREET H-25
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

PINNA, WILLIAM R
15181 N.W. 33RD PLACE
MIAMI, FL 33054 US

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: WILLIAM R. PINNA

01/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PINNA, WILLIAM
Address: 49 NE 158 ST.
City-St-Zip: MIAMI, FL 33162

Title: MGRM () Delete
Name: NEUMANN, BARRY
Address: 15 CORRINE PLACE
City-St-Zip: KEY LARGO, FL 33037

Title: MGR () Delete
Name: COSTELLO, KATHRYN
Address: 3286 N. SIDE PKWY BORGHESE #904
City-St-Zip: ATLANTA, GA 30327

Title: MGR () Delete
Name: BELDEN, SCOTT
Address: 4535 VASCO STREET
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGRM () Delete
Name: BELDEN, SHERRI
Address: 4535 VASCO STREET
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGRM () Delete
Name: PINNA, JOANN
Address: 49 NE 158 ST.
City-St-Zip: MIAMI, FL 33162

ADDITIONS/CHANGES:

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

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

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

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

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 exemption stated in Chapter 119, 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: WILLIAM R. PINNA

MGR

01/09/2009

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