


FILED
Jun 09, 2004 8:00 am
Secretary of State

05-11-2004 90003 037 ****55.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000013340			
1. Entity Name GULFSTREAM MALL HOLDINGS, LLC			
Principal Place of Business 6300 NE 1ST AVE., STE. 300 FT LAUDERDALE, FL 33334		Mailing Address 6300 NE 1ST AVE., STE. 300 FT LAUDERDALE, FL 33334	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ANGELO BARRY & BOLDT, P.A. 515 EAST LAS OLAS BLVD., STE. 850 FT LAUDERDALE, FL 33301		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
MANAGING MEMBER John A. Roschman 6300 NE 1ST AVE, 2ND FL FT LAUDERDALE FL 33334			
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: 		MANAGING MEMBER 6-2-04 954776-7900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	