

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90499 036 \*\*\*\*\*50.00

**DOCUMENT # L03000019786**

1. Entity Name

**GULFSTREAM LENDING, LLC**



Principal Place of Business

**9999 SUNSET DRIVE  
205  
MIAMI FL 33173  
US**

Mailing Address

**3185 VIA ABITARE WAY  
COCONUT GROVE FL 33133  
FL**

**34003671**



MOORE CR2E083 (11/03)

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

**11-2691255**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MASSEY, STEPHEN  
3185 VIA ABITARE WAY  
COCONUT GROVE FL 33133**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete

**MGRM  
NAME  
MASSEY, STEPHEN  
STREET ADDRESS  
3915 VIA ABITARE WAY  
CITY - ST - ZIP  
COCONUT GROVE FL 33133**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

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NAME  
STREET ADDRESS  
CITY - ST - ZIP**

TITLE ☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**3/30/04 305-777-9843**