


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90284 009 ****50.00

DOCUMENT # L03000032949 1. Entity Name GOLFSTREAM TURF, LLC					
Principal Place of Business 2401 PGA BLVD, STE 280 PALM BEACH GARDENS, FL 33410			Mailing Address 2401 PGA BLVD, STE 280 PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business		3. Mailing Address 3950 RCA AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE 5000			
City & State		City & State PALM BEACH GARDENS, FL			
Zip	Country	Zip 33410	Country	01292004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 75-3128351				Applied For <input 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 GARY, JOHN W III GARY, DYTRYCH & RYAN, P.A. 701 US HWY ONE, STE 402 N. PALM BEACH, FL 33408			7. Name and Address of New Registered Agent 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 May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BILLS, JOHN C 2401 PGA BLVD, STE 280 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BABB, WAYNE H 2401 PGA BLVD, STE 280 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, LAMAR K 300 N OLD DIXIE HWY #108 JUPITER, FL 33458	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REJKO, DARRYL 300 N OLD DIXIE HWY #108 JUPITER, FL 33458	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STERRETT, JOHN 300 N OLD DIXIE HWY #108 JUPITER, FL 33458	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPOLI, JAMES 300 N OLD DIXIE HWY #108 JUPITER, FL 33458	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: _____			Date 3/24/04 Daytime Phone # 561-627-7551		