2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000048236

1. Entity Name
GLF PROPERTY 2, LLC

14027183

Principal Place of Business	Mailing Address
177 WEST 4TH ST NEW YORK, NY 10014	177 WEST 4TH ST NEW YORK, NY 10014

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	07202004 Chg-LLC CR2E083 (10/03)
City & State	City & State	**4.** FEI Number Applied For / Not Applicable
Zip / Country	Zip / Country	**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
CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS RD #221E PALM BEACH GARDENS, FL 33410	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

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	MGR	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	WELLS, ROBERT		NAME			
STREET ADDRESS	177 WEST 4TH ST		STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10014		CITY-ST-ZIP			
TITLE	MGR	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	NGUYEN, SUU		NAME			
STREET ADDRESS	177 WEST 4TH ST		STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10014		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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: _Robert Wells_   July 25th, 2004   646-479-32??

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #