


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90042 015 ****50.00

DOCUMENT # L05000000913

1. Entity Name
GULFSIDE PARTNERS, L.L.C.




Principal Place of Business
**2824 N.E. 36 STREET
 FT. LAUDERDALE, FL 33308**

Mailing Address
**2824 N.E. 36 STREET
 FT. LAUDERDALE, FL 33308**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



03082006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent

**GOTTLIEB, BRUCE M ESQ.
 125 NORTH 46 AVENUE
 HOLLYWOOD, FL 33021**

4. FEI Number
20-3465881

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLIEGENSPAN, JEFFREY 2824 N.E. 36 STREET FT. LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jeffrey Fliegenman Jeffrey Fliegenman 4/14/06 9545607788

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

ATTACHMENT

20030886
#LOS0000000913

Gottlieb & Gottlieb
ATTORNEYS AT LAW

A Professional Association

www.gottlielaw.com

Bruce M. Gottlieb

125 NORTH 46TH AVENUE, HOLLYWOOD, FLORIDA 33021-6601

Broward 954-966-7900

Kenneth A. Gottlieb

Dade 305-624-4777

Division of Corporations

P. O. Box 6478

Tallahassee, FL 32314

Toll Free 800-330-7900

Fax 954-966-7905

April 11, 2006

RE: Gulfside Partners, L.L.C. - 2006 Annual Report

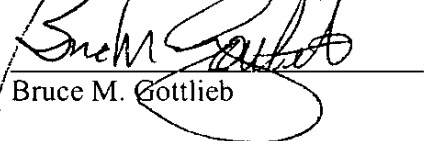
OUR FILE NUMBER. 5101

Gentlemen:

Enclosed, for filing with the Florida Department of State, is the 2006 Annual Report for Gulfside Partners, L.L.C., together with the required filing fee of \$50.00.

Very truly yours,

GOTTLIEB & GOTTLIEB
ATTORNEYS AT LAW, P.A.



Bruce M. Gottlieb

BMG/aw
Enclosures