

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015533

Entity Name: 5796 GULL ROAD, LLC

FILED
Jan 11, 2008
Secretary of State

Current Principal Place of Business:

720 BAYSHORE DR #705
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

936 INTRACOASTAL DRIVE #15H
FORT LAUDERDALE, FL 33304

Current Mailing Address:

88 UNIVERSITY PLACE
8TH FL
NEW YORK, NY 10003

New Mailing Address:

936 INTRACOASTAL DRIVE #15H
FORT LAUDERDALE, FL 33304

FEI Number: 84-1671863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GICHON-STRAUSS, ELISE
138 GREENS RD
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LASKEY, GERALD
Address: 720 BAYSHORE DR #705
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGR () Delete
Name: LASKEY, GERALD
Address: 720 BAYSHORE DR #705
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LASKEY, GERALD
Address: 936 INTRACOASTAL DRIVE #15H
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGR (X) Change () Addition
Name: LASKEY, GERALD
Address: 936 INTRACOASTAL DRIVE #15H
City-St-Zip: FORT LAUDERDALE, FL 33304

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GERALD LASKEY

MGRM

01/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date