

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90373 049 \*\*\*138.75

**50005952**



<b>DOCUMENT # L05000099536</b> 1. Entity Name <b>GILBERT 57TH STREET REALTY INVESTMENTS, LLC</b>					
Principal Place of Business <b>5585 U S HIGHWAY 1 SUITE 5 VERO BEACH, FL 32967</b>			Mailing Address <b>5585 U S HIGHWAY 1 SUITE 5 VERO BEACH, FL 32967</b>		
2. Principal Place of Business - No P.O. Box # <b>1026 Flamevine Lane</b> Suite, Apt. #, etc. <b>#502</b> City & State <b>Vero Beach, FL</b> Zip <b>32963</b> Country <b>USA</b>		3. Mailing Address <b>1026 Flamevine Lane</b> Suite, Apt. #, etc. <b>#502</b> City & State <b>Vero Beach, FL</b> Zip <b>32963</b> Country <b>USA</b>		04252008    Chg-LLC    CR2E083 (12/06)	
4. FEI Number <b>20-3942753</b>				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 <b>KIRK, WILLIAM N ESQ. 979 BEACHLAND BLVD. VERO BEACH, FL 32963</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>				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 _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	PM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILBERT, BRIAN W		NAME		
STREET ADDRESS	4580 BRIDGE POINT WAY, UNIT 161		STREET ADDRESS	1026 Flamevine Lane #502	
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	VSTM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILBERT, GLORIA J		NAME		
STREET ADDRESS	4580 BRIDGE POINT WAY, UNIT 161		STREET ADDRESS	1026 Flamevine Lane #502	
CITY-ST-ZIP	VERO BEACH, FL 3267		CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.					
<b>SIGNATURE:</b> <i>Gloria Gilbert</i>			<b>4-30-08</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date      Daytime Phone #		