

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089971

FILED
Apr 14, 2008
Secretary of State

Entity Name: GULFSTREAM SPRING HILL LLC

Current Principal Place of Business:

2385 NW EXECUTIVE CENTER DR.
SUITE 100
BOCA RATON, FL 33431

New Principal Place of Business:

1489 W PALMETTO PARK RD
SUITE 494
BOCA RATON, FL 33486

Current Mailing Address:

2385 NW EXECUTIVE CENTER DR.
SUITE 100
BOCA RATON, FL 33431

New Mailing Address:

1489 W PALMETTO PARK RD
SUITE 494
BOCA RATON, FL 33486

FEI Number: 20-5534585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMRENY, JASON P
2385 NW EXECUTIVE CENTER DR.
SUITE 100
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

SAMRENY, JASON P
1489 W PALMETTO PARK RD
SUITE 494
BOCA RATON, FL 33486 US

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:

04/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KAPLAN, IVAN
Address: 2494 S OCEAN BLV # J7
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM () Delete
Name: KAPLAN, ROBERT
Address: 812 GRANDVIEW AVE #3B
City-St-Zip: PITTSBURGH, PA 15211

Title: MGRM () Delete
Name: ARG, INC.,
Address: P O BOX 873
City-St-Zip: FLORENCE, AL 35631

Title: MGRM () Delete
Name: SPECIALTY RETAIL HOL, DINGS LLC
Address: 9575 LAKE SERENA DR.
City-St-Zip: BOCA RATON, FL 33496

Title: MGR () Delete
Name: AKIN, KENNETH F
Address: P O BOX 873
City-St-Zip: FLORENCE, AL 35631

Title: MGR () Delete
Name: SAMRENY, JASON P
Address: 9575 LAKE SERENA DR.
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JASON P SAMRENY

MGR

04/14/2008

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