

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089971

FILED
Apr 14, 2009
Secretary of State

Entity Name: GULFSTREAM SPRING HILL LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
1489 W PALMETTO PARK RD
SUITE 494
BOCA RATON, FL 33486 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: 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 HOLDINGS 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: MGRM (X) Change () Addition
Name: ARG, INC.
Address: P O BOX 100
City-St-Zip: KILLEN, AL 35645

Title: MGRM (X) Change () Addition
Name: SPECIALTY RETAIL HOLDINGS LLC
Address: 1489 W. PALMETTO PARK RD., 494
City-St-Zip: BOCA RATON, FL 33486

Title: MGR (X) Change () Addition
Name: AKIN, KENNETH F
Address: P O BOX 100
City-St-Zip: KILLEN, AL 35645

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 SAMRENY

MGR

04/14/2009

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