


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000000471**

1. Entity Name  
 GULFSTREAM COMPANIES, LLC



Principal Place of Business  
 4649 PONCE DE LEON BLVD.  
 SUITE 402  
 CORAL GABLES, FL 33146

Mailing Address  
 1172 SOUTH DIXIE HIGHWAY  
 #497  
 MIAMI, FL 33146

**DO NOT WRITE IN THIS SPACE**



04062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 26-0007115	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BLANK, MARK  
 4649 PONCE DE LEON BLVD., SUITE 402  
 CORAL GABLES, FL 33146

**DO NOT WRITE IN THIS SPACE**

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, 2004**

000000157002  
 05/05/04-80092-014 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLANK, MARK MR. 4649 PONCE DE LEON BLVD., SUITE 402 CORAL GABLES, FL 33146
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **4/15/04** **305-670-2323**

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