2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000000471

1. Entity Name
GULFSTREAM COMPANIES, LLC

Principal Place of Business	Mailing Address
4649 PONCE DE LEON BLVD. SUITE 402 CORAL GABLES, FL 33146	1172 SOUTH DIXIE HIGHWAY #497 MIAMI, FL 33146

DO NOT WRITE IN THIS SPACE

07102006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
26-0007115	Not Applicable

5. Certificate of Status Desired ☐   **$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

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE
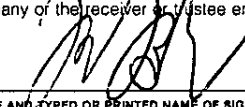
Filing Fee is $50.00
Due by September 6, 2006

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BLANK, MARK MR.
STREET ADDRESS	4649 PONCE DE LEON BLVD., SUITE 402
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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TITLE	
NAME	
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CITY-ST-ZIP	

U00000570939
07/18/06-80016-020 50.00

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IN THIS SPACE

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.

SIGNATURE: _____   July 10 2006   305-170-2327

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