

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90588 041 \*\*\*\*50.00

**DOCUMENT # L01000000471**

1. Entity Name

**GULFSTREAM COMPANIES, LLC**



Principal Place of Business

Mailing Address

**9350 SOUTH DIXIE HIGHWAY  
SUITE 900  
MIAMI FL 33156**

**9350 SOUTH DIXIE HIGHWAY  
SUITE 900  
MIAMI FL 33156**

2. Principal Place of Business

**4649 Ponce de Leon Blvd.**

3. Mailing Address

**1172 South Dixie Highway**

Suite, Apt. #, etc.  
**Suite 402**

Suite, Apt. #, etc.  
**#497**

City & State

**Coral Gables, FL**

City & State

**Coral Gables, FL**

Zip  
**33146**

Country  
**USA**

Zip  
**33146**

Country  
**USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **26-0007115**

Applied For

Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLANK, MARK  
9350 SOUTH DIXIE HIGHWAY  
SUITE 900  
MIAMI FL 33156**

Name  
**Mark Blank**

Street Address (P.O. Box Number is Not Acceptable)

**4649 Ponce de Leon Blvd., Suite 402**

City  
**Coral Gables**

**FL**

Zip Code  
**33146**

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]* **Mark Blank, Manager**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/23/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM**  Delete  
NAME **BLANK, MARK MR.**  
STREET ADDRESS **9350 SOUTH DIXIE HIGHWAY SUITE 900**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **MGRM**  Change  Addition  
NAME **Blank, Mark, Mr.**  
STREET ADDRESS **4649 Ponce de Leon Blvd., Suite 402**  
CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

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:

*[Signature]* **SIGNATURE REQUIRED**

**4/23/03**

**305-670-2323**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

20114/2

CR2E083 (10/02)