



**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

FILED

06 MAY -9 PM 12:09

SECRET  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L05000035508</b> 1. Entity Name <b>GULFSTREAM INVESTORS LLC</b>				
Principal Place of Business <b>3435 NORTH OCEAN BOULEVARD GULFSTREAM, FL 33483</b>		Mailing Address <b>C/O RICHARDS, P.A. 2665 S. BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133</b>		
2. Principal Place of Business Suite, Apt #, etc		3. Mailing Address Suite, Apt #, etc		
City & State		City & State		
Zip	Country	Zip	Country	
4. FEI Number <b>20-2684741</b>				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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.				FL      Zip Code
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARCAINI, TONIO G.B. 3435 NORTH OCEAN BOULEVARD GULFSTREAM, FL 33483	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARCAINI, REBECCA 3435 NORTH OCEAN BOULEVARD GULFSTREAM, FL 33483	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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.				200075286212 05/25/06--01024--016 **1100.00
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <b>4/17/06</b> Daytime Phone #: <b>(305) 858-9900</b>

Tonio G.B. Arcaini

4/17/06

(305) 858-9900