2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED **DOCUMENT #L05000035508 GULFSTREAM INVESTORS LLC** 2001 MAY 18 P 4: 59 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA C/O RICHARDS, P.A. 3435 NORTH OCEAN BOULEVARD 2665 S. BAYSHORE DRIVE, SUITE 703 GULFSTREAM, FL 33483 MIAMI, FL 33133 3. Mailing Address 2665 S. Bayshore Drive 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc 04102007 Chg-LLC CR2E083 (12/06) Suite 703 City & State City & State 4. FEI Number Applied For 20-2684741 Not Applicable Miami, FL Zip 33133 Country Zio Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WORLD CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGR TITLE TITLE Change ☐ Addition Delete ARCAINI, TONIO G.B. NAME NAME 3435 NORTH OCEAN BOULEVARD STREET ADDRESS STREET ADDRESS GULFSTREAM, FL 33483 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition MGR Delete TITLE TITLE NAME ARCAINI, REBECCA NAME STREET ADDRESS 3435 NORTH OCEAN BOULEVARD STREET ADDRESS CITY-ST-ZIP GULFSTREAM, FL 33483 CITY-ST-ZIP 900103219**269** 05/24/07--01033--006 **90 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete □ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of trustee empowered to execute this report as required by Flynon 608, 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 of trustee empowers to execute this report as required by Flynon 608, 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 of trustee empowers to execute this report as required by Flynon 608, Florida Statutes. SIGNATURE AND TYPED OR PE TED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone