2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # L05000035508 08 MAY -7 PM 1:52 **GULÉSTREAM INVESTORS LLC** Principal Place of Business Mailing Address 3435 NORTH OCEAN BOULEVARD 2665 S. BAYSHORE DRIVE, SUITE 703 GULFSTREAM, FL 33483 MIAMI, FL 33133 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 1280 South Ocean Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. 03242008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-2684741 Not Applicable Manalapan. Country \$5.00 Additional Zip Zip Country 5. Certificate of Status Desired 33462 U.S.A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WORLD CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133 Zip Code FL 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 FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE Change ☐ Addition MGR ARCAINI, TONIO G.B. NAME NAME Arcaini, Tonio G.B. 1280 South Ocean Blvd. STREET ADDRESS 3435 NORTH OCEAN BOULEVARD STREET ADDRESS GULFSTREAM, FL 33483 CITY-ST-ZIP CITY-ST-ZIP <u>Manalapan, Fl 33462</u> MGR TITLE ☐ Delete TITLE Change ☐ Addition MGR ARCAINI, REBECCA NAME NAME Arcaini, Rebecca 1280 South Ocean Blvd. STREET ADDRESS 3435 NORTH OCEAN BOULEVARD STREET ADDRESS GULFSTREAM, FL 33483 CITY_ST_7/P CITY-ST-ZIP <u> Manalapan, Fl. 33462</u> Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-78P ☐ Delete ☐ Change ☐ Addition TITLE TITLE 200128676262 05/07/08--01002--011 **1193.75 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME

11. I hereby certify that the information supplied with this filling does by quality 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Change

Daytime Phone #

☐ Addition

CITY-ST-ZIP

Arcain SIGNATURE: 305-858 9900 NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR NOTHER DESCRIPTION OF THE PROPERTY OF

☐ Delete

STREET ADDRESS

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CITY-ST-ZIP

TITLE NAME