


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90055 030 \*\*\*\*50.00

<b>DOCUMENT # L01000003284</b> 1. Entity Name GULFSTREAM HOLDINGS, LLC	
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Principal Place of Business 425 EAST 61ST STREET NEW YORK, NY 10021	Mailing Address 425 EAST 61ST STREET NEW YORK, NY 10021
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<b>DO NOT WRITE IN THIS SPACE</b>
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01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 58-2608675	Applied For 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  REGISTERED AGENTS OF FLORIDA, LLC 100 SOUTHEAST 2ND STREET STE 2900 MIAMI, FL 33131
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**DO NOT WRITE  
IN THIS SPACE**

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.

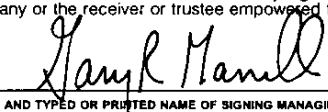
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THE MERIDITH F. SOPHER TRUST 425 EAST 61ST STREET NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THE 1995 EVAN I. SOPHER IRREVOCABLE TRUST 425 EAST 61ST STREET NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SOPHER, JACOB 425 EAST 61ST STREET NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
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: 

1-5-07

212-832-1060

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

Date

Daytime Phone #