2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AN
Secretary of State

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1. Entity Name

GULFSTREAM LAND COMPANY, LLC



Principal Place of Business

PALM CITY, FL 34990

801 SW SAN ANTONIO DRIVE

Mailing Address

801 SW SAN ANTONIO DRIVE PALM CITY, FL 34990



DO NOT WRITE IN THIS SPACE

01062007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For Status Desired S5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BIGGS, ARTHUR E 801 SW SAN ANTONIO DRIVE PALM CITY, FL 34990

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 Plorida. I am familiar with, and accept the obligations of registered agent.

SIGNATUR

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

(NOTE. Registered Agent signature required when reinstating)

DATE

- U00000581765 01/11/07-80004-024 50.00

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

| 9 | MANAGING MEMBERS/MANAGERS | |
|-----------------|-------------------------------|----------|
| TITLE | MGR | |
| NAME | GREENWICH CAPITAL CORPORATION | |
| STREET ADDRESS | | |
| CETY - ST - ZEP | PALM CITY, FL 34990 | |
| TITLE | MGR | |
| NAME | BIGGS, ARTHURE | |
| STREET ADDRESS | 801 SW SAN ANTONIO DR | I |
| C:TY-ST-ZIP | PALM CITY, FL 34990 | |
| TITLE | MGR | |
| NAME | BIGGS, WILLIAM E | 1 |
| STREET ADDRESS | 4456 SW BIMINI CIRCLE S | 1 |
| City-St-Zip | PALM CITY, FL 34990 | - 1 |
| THEE | MGR . | |
| NAME | BIGGS, CHARLOTTE E | <u>I</u> |
| STREET ADDRESS | 801 SW SAN ANTÖNIO DR | ı |
| CITY-ST-ZIP | PALM CITY, FL 34990 | |
| TITLE | MGR | |
| NAME | BIGGS, ARTHUR E'III | 1 |
| STREET ADDRESS | 4401 SW BIMINI CIRCLE N | |
| CITY-ST-ZIP | PALM CITY, FL 34990 | |
| TIFLE | | |
| NAME | | ı |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | ı |

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 fimilted liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, O

ACTINE Biggs

7/0-

772-5975862

Daytime Phone #

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