2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010526

1. Entity Name

GULFSTREAM CRANE, LLC



May 12, 2003 8:00 am Secretary of State
05-12-2003 90090 036 ****50.00 **FILED**

POMPANO BEACH FL 30094 2. Principal Place of Business Suite, Aprl 4, etc. Suite, Aprl 4, etc. CHCK HERE IF MANING CHANGES Zip	Principal Plac	e of Business	Mailing Address			7 ·			
Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES CITY & State City & State City & State A. FEI Number 65-1128578 Application of State A. FEI Number Address of Current Registered Agent A. FEI Number Address of State Address of New Registered Agent A. FEI Number Address Application of State Appl			· ·						
City & State Country Street Received Street Address of Curront Registered Agent T. Name and Address of New Registered Agent RALPHOLIZ, JOSEPH P ESO, 2500 HOLLYWOOD BLVD., SUITE 212 HOLLYWOOD BLVD., SUITE 2124 HOLLYWOOD BLVD., SUITE 2124 HOLLYWOOD BLVD., SUITE 2124 HOLLYWOOD BLVD.,	2. Principal Place of Business		3. Mailing Address						
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Name Street Address (RO. Box Number is Not Acceptable)		6 Name and Address of Current	Pagistered Agent	<u></u>		7 Name and Address of New Registered		BO	ļ
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	. – <u>–</u>		negistored Agent	- ,,	Name	7. Italie and Address of New Hogistered	Agent		
City FL Zip Codo The above ranged entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Let it smiller with, and accept the obligations of registered agent. SigNarURE Signature, beed or printed name of registered agent and offer it in operations. (NOTE Registered Agent agents agents are already) PILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 NAME STREET ADDRESS OUT-\$1.2P TILE NAME STREET ADDRESS OUT-\$1.2P Otherspice Addition NAME STREET ADDRESS OUT-\$1.2P Otherspice ADDRESS OUT-\$1.2P Otherspice ADDRESS OUT-\$1.2	2500	HOLLYWOOD BLVD., SUITE 212		Street		ess (P.O. Box Number is Not Acceptable)			
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FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 Payon	SIGNATURE .	Signature typed or printed game of registered agent	and title if applicable. /NC	NF: Bagisters	ad Agent signature require	d when rejustation)			
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that the informatic indicated on this report is true and abourate 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 receipter or true tee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: