2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2004
Secretary of State

DOCUMENT# L02000027379

Entity Name: GULFSTREAM TECHNICAL SOLUTIONS LLC

Current Principal Place of Business:

9765 S.E. LANDINGS PLACE
TEQUESTA, FL 33469

New Principal Place of Business:

Current Mailing Address:

9765 S.E. LANDINGS PLACE
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 01-0752416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MISIASZEK, STEVEN M
9765 S.E. LANDINGS PLACE
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	POLLOCK, MONTE W	
Address:	9765 S.E. LANDINGS PLACE	
City-St-Zip:	TEQUESTA, FL 33469	
Title:	MGRM	( ) Delete
Name:	CAUDILL, DAVE	
Address:	9765 S.E. LANDINGS PLACE	
City-St-Zip:	TEQUESTA, FL 33469	
Title:	MGRM	( ) Delete
Name:	MISIASZEK, STEVEN M	
Address:	9765 S.E. LANDINGS PLACE	
City-St-Zip:	TEQUESTA, FL 33469	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN MISIASZEK MGRM 04/13/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date