2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 19, 2004 8:00 am
Secretary of State

04-26-2004 90036 006 ****50.00

DOCUMENT # L03000002229

1. Entity Name

GULFSTREAM GROUP, LLC

Principal Place of Business	Mailing Address
9999 SUNSET DRIVE SUITE 205 MIAMI FL 33133	9999 SUNSET DRIVE SUITE 205 MIAMI FL 33133

2. Principal Place of Business	3. Mailing Address
3185 Via Abitare Way	3185 Via Abitare Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coconut Grove, FL	City & State: Coconut Grove, FL
Zip: 33133 / Country: USA	Zip: 33133 / Country: USA

MOORE CR2E083 (11/03)

4. FEI Number: [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GULFSTREAM FINANCIAL ADVISORS, INC. 9999 SUNSET DRIVE SUITE 205 MIAMI FL 33133	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE: MGRM NAME: MASSEY, STEPHEN STREET ADDRESS: 9999 /SUNSET DRIVE, SUITE 205 CITY-ST-ZIP: MIAMI FL MIAMI	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: Stephen Massey 4/22/04 (305) 774-9843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #