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

MOORE CR2E083 (11/03)

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

4. FEI Number — ☒ 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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MASSEY, STEPHEN		NAME		
STREET ADDRESS	9999 /SUNSET DRIVE, SUITE 205		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL MIAMI		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [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 #