2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jun 13, 2007 8:00 am
Secretary of State
06-13-2007 90092 027 ****50.00

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05222007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L03000022133

1. Entity Name
GULFSTREAM DEVELOPMENT OF DESTIN, L.L.C.

Principal Place of Business	Mailing Address
4507 FURLING LANE SUITE 206 DESTIN, FL 32541	4507 FURLING LANE SUITE 206 DESTIN, FL 32541

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		8937 E. Bell Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 202	
City & State		City & State Scottsdale, AZ	
Zip	Country	Zip 85260	Country

4. FEI Number 55-0836467 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MCNEESE, RICHARD S
36468 EMERALD COAST PARKWAY
SUITE 1201
DESTIN, FL 32541

7. Name and Address of New Registered Agent

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

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☒ Delete REDFEATHER HOLDINGS, L.L.C. 8130 EAST CACTUS ROAD SCOTTSDALE, AZ 85260	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Change ☐ Addition Redfeather Holdings, LLC 8937 E. Bell Road, Suite 202 Scottsdale, AZ 85260
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

SIGNATURE: [signature] 5/22/07 480-585-3667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #