

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000052805

1. Entity Name
GULFSTREAM INVESTMENT GROUP, L.L.C.



Principal Place of Business
**4829 CORONADO PKWY
CAPE CORAL, FL 33904**

Mailing Address
**4829 CORONADO PKWY
CAPE CORAL, FL 33904**



04062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0482384

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HACKETT, JACK O II, ESQ
FARR, FARR, EMERICH, ET AL
99 NESBIT ST
PUNTA GORDA, FL 33950**

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IN THIS SPACE**

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 resigning)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

000000500078
04/25/06-80007-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KELLY, DANIEL M
STREET ADDRESS	4829 CORONADO PKWY
CITY-STATE-ZIP	CAPE CORAL, FL 33904
TITLE	MGRM
NAME	HAAG, KEVIN
STREET ADDRESS	4829 CORONADO PKWY
CITY-STATE-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #