2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

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

Current Principal Place of Business:

4037 DEL PRDO BLVD S
CAPE CORAL, FL 33904

New Principal Place of Business:

114 DEL PRADO BLVD S
CAPE CORAL, FL 33990

Current Mailing Address:

C/O JACK O. HACKETT II
99 NESBIT STREET
PUNTA GORDA, FL 33950

New Mailing Address:

114 DEL PRADO BLVD S
CAPE CORAL, FL 33990

FEI Number: 20-0482364 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HACKETT, JACK O II
99 NESBIT STREET
PUNTA GORDA, FL 33950 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/MANAGERS:

Title: MGRM ( ) Delete
Name: KELLY, DANIEL M
Address: 4037 DEL PRADO BLVD. S.
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM ( ) Delete
Name: HAAG, KEVIN
Address: 4037 DEL PRADA BLVD. S
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KELLY, DANIEL M
Address: 114 DEL PRADO BLVD S
City-St-Zip: CAPE CORAL, FL 33990

Title: MGRM (X) Change ( ) Addition
Name: HAAG, KEVIN
Address: 114 DEL PRADO BLVD S
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DANIEL M KELLY MGRM 01/21/2009

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