2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030598

Entity Name: GULFSTREAM DEVELOPMENT PARTNERS I LLC

Current Principal Place of Business:	**New Principal Place of Business:**
750 S. OCEAN BLVD 17 N BOCA RATON, FL 33432 US	

Current Mailing Address:	**New Mailing Address:**
750 S. OCEAN BLVD 17 N BOCA RATON, FL 33432 US	

FEI Number: 20-1023307   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
IVAN, KAPLAN 750 S. OCEAN BLVD 17 NORTH BOCA RATON, FL 33432 US	

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:	**ADDITIONS/CHANGES:**
Title: MGR ( ) Delete Name: KAPLAN, IVAN Address: 750 S. OCEAN BLVD. 17 N City-St-Zip: BOCA RATON, FL 33432	Title: MGRM (X) Change ( ) Addition Name: KAPLAN, IVAN Address: 750 S. OCEAN BLVD. 17 N City-St-Zip: BOCA RATON, FL 33432
Title: MGR ( ) Delete Name: SAMRENY, JASON P Address: 9575 LAKE SERENA DR. City-St-Zip: BOCA RATON, FL 33496	Title: MGRM (X) Change ( ) Addition Name: SAMRENY, JASON P Address: 9575 LAKE SERENA DR. City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JASON SAMRENY   MGRM   08/26/2005
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date