

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036545

FILED
Jan 15, 2009
Secretary of State

Entity Name: GULFSTREAM GOLD INVESTMENTS LLC

Current Principal Place of Business:

260 SE 28 AVE
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

260 SE 28 AVE
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 20-1138250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNE, CRAIG
260 SE 28 AVE
POMPANO BEACH, FL 33062 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: MGR () Delete
Name: LYNE, CRAIG
Address: 260 SE 28 AVE
City-St-Zip: POMPANO BEACH, FL 33062

Title: MGR () Delete
Name: GIBSON, S TODD
Address: 6281 BAYVIEW DR 2
City-St-Zip: FT LAUDERDALE, FL 33308

Title: MGR () Delete
Name: OWEN, CHARLES
Address: 2750 NE 7 ST
City-St-Zip: POMPANO BEACH, FL 33062

Title: MGR () Delete
Name: DIXON, BRIAN
Address: 6346 WOODLAKE RD
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CRAIG LYNE

MGR

01/15/2009

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