

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035921

FILED
Jul 31, 2006
Secretary of State

Entity Name: GULFSTREAM DEVELOPMENTS, LLC

Current Principal Place of Business:

705 10TH STREET SOUTH
304
NAPLES, FL 34102 US

New Principal Place of Business:

780 5TH AVE.
200
NAPLES, FL 34102 US

Current Mailing Address:

705 10TH STREET SOUTH
304
NAPLES, FL 34102 US

New Mailing Address:

780 5TH AVE.
200
NAPLES, FL 34102 US

FEI Number: 02-0772876 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:

YOUMANS, RYAN C
705 10TH STREET SOUTH
304
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

YOUMANS, RYAN C
780 5TH AVE.
200
NAPLES, FL 34102 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: RYAN C. YOUMANS

07/31/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: YOUMANS, RYAN C
Address: 705 10TH STREET SOUTH
City-St-Zip: NAPLES, FL 34102 US

Title: MGR () Delete
Name: MANSOUR, BRIAN A
Address: 6604 RIDGEWOOD DRIVE
City-St-Zip: NAPLES, FL 34108 US

ADDITIONS/CHANGES:

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 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: RYAN C. YOUMANS

MGR

07/31/2006

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