

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000045537

1. Entity Name  
GULFSTREAM INVESTMENTS, LLC



Principal Place of Business

432 S. BABCOCK STREET  
MELBOURNE, FL 32901

Mailing Address

432 S. BABCOCK STREET  
MELBOURNE, FL 32901

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**



03192008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-2858321

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DEAN MEAD SRVS. LLC  
800 N MAGNOLIA AVE  
STE 1500  
ORLANDO, FL 32803

**DO NOT WRITE  
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 reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000897272  
04/25/08-80042-001 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	PEZZEMINITI, ALEXANDER
STREET ADDRESS	432 S. BABCOCK STREET
CITY-ST-ZIP	MELBOURNE, FL 32901

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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 EXISTING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/21/08

Date

321-722-5033

Daytime Phone #