

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000025412

FILED
Jan 31, 2008
Secretary of State

Entity Name: GULFSTREAM DEVELOPMENT GROUP OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

2700 WESTHALL LN.
SUITE 114
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 951957
LAKE MARY, FL 32795

New Mailing Address:

FEI Number: 06-1809987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BESSINGER, JAMES A III
531 QUEENSBRIDGE DR.
LAKE MARY, FL 32746 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: BESSINGER, JAMES A III
Address: 531 QUEENSBRIDGE DR.
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGRM () Delete
Name: LEE, CHRISTINA
Address: 531 QUEENSBRIDGE DR.
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGRM () Delete
Name: CHONTAS, DEREK S
Address: 3138 BUCK HILL PL.
City-St-Zip: ORLANDO, FL 32817 US

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: CHONTAS, DEREK S
Address: 400 CONSERVATORY COVE
City-St-Zip: LAKE MARY, FL 32746 US

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: CHRISITNA LEE

OWNE

01/31/2008

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