

### 2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP - 8 - AM 10:02

DOCUMENT # 19980000 2978  
1. Entity Name  
GULFSTREAM ASSETS LLC

Principal Place of Business      Mailing Address  
505 S. FLAHER DR.  
W. PALM BEACH, FL 33401

2. Principal Place of Business      3. Mailing Address  
S15 N. FLAHER DR.      same as #2  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
# 305

City & State      City & State      4. FEI Number      Applied For  
W. PALM BEACH           65-0930701       Not Applicable  
Zip      Country      Zip      Country  
FL      33401

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
FORREST JOHN BAHL  
400 N. FLAHER DR #  
2103  
W. PALM BEACH, FL  
33401

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      State      Zip Code

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.  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when removing)

9. MANAGING MEMBERS/MEMBERS      10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<u>MEMBER</u>	<u>FRANK B HOWARD JR.</u>	<u>257 OLIVER AVE</u> <u>PALM BEACH FL 33401</u>	<input type="checkbox"/>
	<u>MEMBER</u>	<u>FORREST JOHN BAHL</u>	<u>400 N FLAHER DR #2103</u> <u>W. PALM BEACH FL 33401</u>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.

SIGNATURE: FRANK B. HOWARD JR      Date: 7-12-00      214 405 5454  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Daytime Phone