2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000006787

1. Entity Name
GULFSTREAM LOGISTICS, L.L.C.

Principal Place of Business	Mailing Address
412 N. 12TH ST. HAINES CITY, FL 33844	P O BOX 1155 DAVENPORT, FL 33836 US

DO NOT WRITE IN THIS SPACE

01082007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-3603622	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WORTELMAN, KATHY E
99 PINE FOREST LANE
HAINES CITY, FL 33844

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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

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	WORTELMAN, KATHY E
STREET ADDRESS	99 PINE FOREST LANE
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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05/15/07-80108-019 50.00

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: _Kathy Wortelman_ Kathy Wortelman managing member   4/27/07   863 4192882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #