


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  <b>99 FEB 23 AM 10:25</b>	
<b>FILING FEE \$ 188.75</b> <b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>					
1. Name and Mailing Address of Limited Liability Company  <b>GULFSTREAM, LLC</b> <b>31550 NORTHWESTERN HIGHWAY, SUITE 110</b> <b>FARMINGTON HILLS MI 48334</b> <div style="text-align: right; margin-top: 10px;"><i>GA-AR CM</i></div>			DOCUMENT # <b>M98000000656</b>  1a. Principal Place of Business Address  <b>31550 NORTHWESTERN HIGHWAY,</b> <b>FARMINGTON HILLS MI 48334</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Date Organized or Qualified    3a. State of Formation  <b>06/22/1998</b> <b>MI</b>	
4. FEI Number  <i>52-2102273</i>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent  <b>EASTMAN, DAVID D</b> <b>101 S MONROE ST</b> <b>TALLAHASSEE FL 32301</b>			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City                      Zip Code <div style="text-align: right; margin-top: 10px;"><b>FL</b></div>		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when reappointing)</small>			DATE _____		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	PARTRICH, ROSS H	P.O. BOX 339695    N/A		FARMINGTON HILLS MI	
100002788671--1 -02/26/99--01074--004 *****188.75 *****188.75					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <i>[Signature]</i> <i>ROSS PARTRICH 2-19-99 248 626 0737</i>					