## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # M98000000656

1. Entity Name GULFSTREAM, LLC



**FILED** Apr 14, 2006 08:00 Al Secretary of State

Principal Place of Business

31200 NORTHWESTON HWY FARMINGTON HILLS, MI 48334 Mailing Address 31200 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334



DO NOT WRITE IN THIS SPACE

03272006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 52-2102273

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EASTMAN, DAVID D 2155 DELTA BLVD., STE 210B TALLAHASSEE, FL 32303			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	
Fi D	iling Fee is \$50.00 ue by May 1, 2006	. :	000000509895 04/28/06-80054-018 50.00	
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARTRICH, ROSS H P.O. BOX 339695 FARMINGTON HILLS, MI 48333		:	
NAME STREET ACCRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-51-ZIP		DO	NOT WRITE	
TITLE MAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE	
TITLE NAME STREET ADDRESS				

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 cath; 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:

CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING

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