
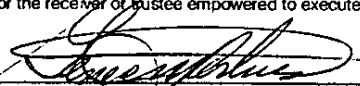


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90134 034 \*\*\*\*50.00

<b>DOCUMENT # L03000047856</b> 1. Entity Name <b>GTD, LLC</b>					
Principal Place of Business <b>1865 BRICKELL AVENUE, SUITE A-208</b> <b>MIAMI, FL 33129</b>			Mailing Address <b>1865 BRICKELL AVENUE, SUITE A-208</b> <b>MIAMI, FL 33129</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>26-0083949</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MARTINEZ, GENEVIEVE</b> <b>1865 BRICKELL AVENUE, SUITE A-208</b> <b>MIAMI, FL 33129</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>MARTINEZ, GENEVIEVE</b> <b>888 BRICKELL KEY DRIVE, SUITE 1210</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>PEREZ, ANTONIO G</b> <b>888 BRICKELL KEY DRIVE, SUITE A-208</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>Perez, Antonio G</b> <b>1865 Brickell Ave Suite A-208</b> <b>Miami, FL 33129</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>TABER, DOUGLAS C</b> <b>1901 BRICKELL AVENUE, SUITE 8-1906</b> <b>MIAMI, FL 33129</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>Taber Douglas C</b> <b>1865 Brickell Ave Suite A-208</b> <b>Miami, FL 33129</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	
11. I 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 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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <b>3/24/05</b> (305) 206-1960 <small>Daytime Phone #</small>		

*Genevieve Martinez*