

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000004559

Entity Name: GGT GWINNETT CENTER GA, LLC

Current Principal Place of Business:

450 SO. ORANGE AVE.
ORLANDO, FL 32801

Current Mailing Address:

450 SO. ORANGE AVE.
ORLANDO, FL 32801

FEI Number: 45-3478034

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCARCELLI, LINDA A
450 SO. ORANGE AVE.
ORLANDO, FL 32801 US

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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|-----------------------|-----------------|---------------------|
| Title | MGR | Title | MGR |
| Name | BOURNE, ROBERT A | Name | MILLS, ROSEMARY Q |
| Address | 450 SO. ORANGE AVE. | Address | 450 SO. ORANGE AVE. |
| City-State-Zip: | ORLANDO FL 32801 | City-State-Zip: | ORLANDO FL 32801 |
| | | | |
| Title | MGR | | |
| Name | SHACKELFORD, STEVEN D | | |
| Address | 450 SO. ORANGE AVE. | | |
| City-State-Zip: | ORLANDO FL 32801 | | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN D. SHACKELFORD

MANAGER

04/02/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date