2004 LIMITED LIABILITY COMPANY

May 03, 2004 8:00 am Secretary of State **ANNUAL REPORT** 05-03-2004 90142 007 ****55.00 DOCUMENT # L00000008604 1. Entity Name GPW-GP, LLC 24064094 Principal Place of Business Mailing Address PO BOX 5252 500 S FREEDOM FLORIDA AVE LAKELAND, FL 33807 STE 700 LAKELAND, FL 33801 01152004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number NOT APPLICABLE \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MAXWELL, LAWRENCE T 500 S FREEDOM FLORIDA AVE **STE 700** IN THIS SPACE LAKEMAND, FL 33801 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 it applicable (NOTE: Registered Agent signalure required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	A & M BUSINESS PROPERTIES, INC.
STREET ADDRESS	500 S FREEDOM FLORIDA AVE STE 700
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	
NAME	. "
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
fitte	
NAME	
SIREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the ex	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED

Applied For Not Applicable