

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000009027

Entity Name
 GTFM OF ORLANDO, LLC

Principal Place of Business

8200 VINELAND AVE

ORLANDO, FL 32821

SPACE #1005



Marling Address

350 FIFTH AVENUE, SUITE 6617 NEW YORK, NY 10118

FILED May 03, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03292004 No Chg-LLC CR2

CR2E083 (10/03)

4. FEI Number 13-4131736

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

| | | (| | | | | |
|--|---|---|------------------|----------------------|---------------------------------------|--------------------------|------------------|
| | named entity submits this statement for the purpose of chan tions of registered agent. | nging its registere | d office or regi | istered agent, or bo | th, in the State of | f Florida. I am familiar | with, and accept |
| SIGNATURE_ | | ** | 4.4 | * <u>-</u> | | | |
| | Signature, typed or printed name of registered agent and title if applicable | (NOTE Registered Agent signature required when reinstating) | | | DATE | | |
| | iling Fee is \$50.00 ue by May 1, 2004 | | | | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | | · · · · · · · · · · · · · · · · · · · | · , | <u> </u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WEISFELD, BRUCE 21 OVERLOOK RD. SCARSDALE, NY 10583 | | | | U000 05/04/0 | 00153913 4-80146-022 | 50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WEISFELD, NORMAN 112 WINDSOR GATE GREAT NECK, NY 11020 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT ' | WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN T | THIS S | SPACE | · |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |

11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or justee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

04/29/04 212-273-3300

Caytime Phone #