LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

FILED Apr 22, 2002 8:00 am Secretary of State

OMIT ON DOOM	ILGG NEFON	i (ODN)	Constant of Chaha	
DOCUMENT # 1.01000021485 1. Entity Name			Secretary of State 04-22-2002 90165 015 ****50.00	
GBT ACQUISITION, LLC	\sim			
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2. Principal Place of Business 3300 PGA BOULEVARD #780	3. Mailing Address 3300 PGA	BOULEVARD #780		
s ữ Trể°\#78'ô	Suite Apt # etc. 7	80	DO NOT WRITE IN THIS SPACE	
PALM BEACH GARDENS FL	City & State PALM BEACH G.	ARDENS FL	4. FEI Number Applied For Not Applied	
Zip Country 33410 · US	Zip 33410	Country US	5. Certificate of Status Desired See Required Fee Required	
33,120	33410		7. Name and Address of Current Registered Agent	\dashv
		Name	PETER M. BERNHARDT	
DO NOT WRITE		Street Address	s (P.O. Box Number is Not Acceptable)	
IN THIS S	PACE		250-AUSTRALIAN-AVENUE-S-#700	\exists
		City	□ Zip Code	\dashv
		WES WES	ST PALM BEACH FL Zip Code 33401	_
8. The above named entity submits this statement	for the purpose of changing i	ts registered office or regist	ered agent, or both, in the State of Florida.	
SIGNATURE				
Signature, typed or printed name of registered age	ent and title if applicable.		DATE	
		FEE IS \$50.00 Payable to Department DUE BY MAY 1	of State	
	BERS/MANAGERS	· · ·	<u> </u>	\dashv
MGMR WENNESS WENNESS W		TITLE		
NAME KENNETH'R. KENNERLY STREET ADDRESS 3300 VPGA BUULEVARD 0 # 780		NAME Street address		15
CITY:SL:2P PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP		
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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.

NAME

STREET ADDRESS

CHTY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

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

Date

Date