

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90057 014 \*\*\*\*50.00

**DOCUMENT # L02000033388**

1. Entity Name

GTA-IB CONDOMINIUM, LLC



Principal Place of Business

701 BRICKELL AVE STE. 3000  
MIAMI, FL 33131

Mailing Address

701 BRICKELL AVE STE. 3000  
MIAMI, FL 33131



02192004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

16-1643904

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE STE. 3000  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME GTA-IB, LLC  
STREET ADDRESS 701 BRICKELL AVE., STE 3000  
CITY-ST-ZIP MIAMI, FL 331631

TITLE CEOP  
NAME BLAIR, BRADLEY W II  
STREET ADDRESS 701 BRICKELL AVE., STE 3000  
CITY-ST-ZIP MIAMI, FL 331631

TITLE ~~VP~~  
NAME ~~RACON, THOMAS H~~  
STREET ADDRESS ~~701 BRICKELL AVE STE 3000~~  
CITY-ST-ZIP ~~MIAMI, FL 331631~~

TITLE VP  
NAME WILT, KEITH R  
STREET ADDRESS 701 BRICKELL AVE., STE 3000  
CITY-ST-ZIP MIAMI, FL 331631

TITLE CFOS  
NAME PETERS, SCOTT D  
STREET ADDRESS 701 BRICKELL AVE., STE 3000  
CITY-ST-ZIP MIAMI, FL 331631

TITLE AST  
NAME CLIFFORD, TRACY S  
STREET ADDRESS 701 BRICKELL AVE., STE 3000  
CITY-ST-ZIP MIAMI, FL 331631

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

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

4/5/04

Date

843-723-4653

Daytime Phone #