

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90090 001 ***250.00

DOCUMENT # L02000033388

1. Entity Name



GTA-IB CONDOMINIUM, LLC

33043701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

701 Brickell Avenue

3. Mailing Address

701 Brickell Avenue

Suite, Apt. #, etc.

Suite 3000

Suite, Apt. #, etc.

Suite 3000

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

16-1643904

Applied For

Not Applicable

Zip

33131

Country

Zip

33131

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Entrastate Registered Agent Corporation

Street Address (P.O. Box Number is Not Acceptable)

701 Brickell Avenue

Suite 3000

City

Miami

FL

Zip Code
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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GTA-IB, LLC
701 Brickell Ave., Ste. 3000
Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P, CEO
Blair, II, W. Bradley
701 Brickell Ave., Ste. 3000
Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Rasch, Thomas H.
701 Brickell Ave., Ste. 3000
Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Wilt, R. Keith
701 Brickell Ave., Ste. 3000
Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S, CFO
Peters, Scott D.
701 Brickell Ave., Ste. 3000
Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T, AS
Clifford, Tracy S.
701 Brickell Ave., Ste. 3000
Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CR2E083B (12/02)

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

Tracy S. Clifford
813-723-4653