

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

07-21-2004 90099 007 *****50.00
FILED 102000033395

04 JUL 23 AM 11:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

DOCUMENT # L02000033395		
1. Entity Name GTA-IB MANAGEMENT, LLC		

Principal Place of Business 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131	Mailing Address 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07122004 Chg-LLC CR2E083 (10/03) 7/23

6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$50.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GTA-IB LLC 701 BRICKELL AVE., STE 3000 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GTA-IB Golf Resort, LLC ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP BRADLEY, BLAIR W II 701 BRICKELL AVE., STE 3000 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILT, KEITH R 701 BRICKELL AVE., STE 3000 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS PETERS, SCOTT D 701 BRICKELL AVE., STE 3000 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST CLIFFORD, TRACY S 701 BRICKELL AVE., STE 3000 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer & Asst. Secretary ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Tracy S. Clifford TRACY S. CLIFFORD 7/13/04 (843) 723-4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #