


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

04-28-2004 90057 011 ****50.00

DOCUMENT # L02000033407 1. Entity Name GTA-IB GOLF RESORT, LLC	
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Principal Place of Business 701 BRICKELL AVE., SUITE 3000 MIAMI, FL 33131	Mailing Address 701 BRICKELL AVE., SUITE 3000 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE

02192004No Chg-LLC

CR2E083 (10/03)

4. FEI Number
16-1643901

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., SUITE 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 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	CEOP BRADELY, BLAIR W II 701 BRICKELL AVE., STE., 3000 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RACCH, THOMAS H 701 BRICKELL AVE., STE., 3000 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILT, KEITH R 701 BRICKELL AVE., STE., 3000 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS PETERS, SCOTT D 701 BRICKELL AVE., STE., 3000 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST CLIFFORD, TRACY S 701 BRICKELL AVE., STE., 3000 MIAMI, FL 33131

**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 #