

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033407

FILED
Apr 25, 2007
Secretary of State

Entity Name: GTA-IB GOLF RESORT, LLC

Current Principal Place of Business:

701 BRICKELL AVE., SUITE 3000
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

701 BRICKELL AVE., SUITE 3000
MIAMI, FL 33131

New Mailing Address:

FEI Number: 16-1643901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GOLF TRUST OF AMERIC, A, LP
Address: 10 N ADGER'S WHARF
City-St-Zip: CHARLESTON, SC 29401

Title: CEOP () Delete
Name: BRADELY, BLAIR W II
Address: 10 NORTH ADGER'S WHARF
City-St-Zip: CHARLESTON, SC 29401

Title: VP () Delete
Name: WILT, KEITH R
Address: 10 NORTH ADGER'S WHARF
City-St-Zip: CHARLESTON, SC 29401

Title: CFOS (X) Delete
Name: PETERS, SCOTT D
Address: 10 NORTH ADGER'S WHARF
City-St-Zip: CHARLESTON, SC 29401

Title: TAS () Delete
Name: CLIFFORD, TRACY S
Address: 10 NORTH ADGER'S WHARF
City-St-Zip: CHARLESTON, SC 29401

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEOP (X) Change () Addition
Name: BLAIR, W B II
Address: 10 NORTH ADGER'S WHARF
City-St-Zip: CHARLESTON, SC 29401

Title: VP (X) Change () Addition
Name: WILT, R K
Address: 10 NORTH ADGER'S WHARF
City-St-Zip: CHARLESTON, SC 29401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: R. K. WILT

VP

04/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date