2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033407

Name:

Address:

City-St-Zip:

CLIFFORD, TRACY S

10 NORTH ADGER'S WHARF

CHARLESTON, SC 29401

Entity Name: GTA-IB GOLF RESORT, LLC

FILED Apr 09, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 701 BRICKELL AVE., SUITE 3000 10 N. ADGER'S WHARF MIAMI, FL 33131 CHARLESTON, SC 29401 **Current Mailing Address: New Mailing Address:** 701 BRICKELL AVE., SUITE 3000 10 N. ADGER'S WHARF MIAMI, FL 33131 CHARLESTON, SC 29401 FEI Number: 16-1643901 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete GOLF TRUST OF AMERIC, A, LP Name: Name: 10 N ADGER'S WHARF Address: Address: City-St-Zip: CHARLESTON, SC 29401 City-St-Zip: Title: CEOP Title: CEOP (X) Change () Addition () Delete BLAIR, W B II Name: PEARCE, MICHAEL C Name: Address: 10 NORTH ADGER'S WHARF Address: 10 NORTH ADGER'S WHARF City-St-Zip: CHARLESTON, SC 29401 City-St-Zip: CHARLESTON, SC 29401 Title: () Delete Title: (X) Change () Addition WILT, RK PEARCE, MICHAEL C Name: Name: 10 NORTH ADGER'S WHARF 10 NORTH ADGER'S WHARF Address: Address: City-St-Zip: CHARLESTON, SC 29401 City-St-Zip: CHARLESTON, SC 29401 Title: TAS () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: TRACY S. CLIFFORD TAS 04/09/2008