

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

04-28-2004 90057 040 ****50.00

DOCUMENT # L02000034861

1. Entity Name
GTA-IB OPERATIONS, LLC



Principal Place of Business
701 BRICKELL AVE., SUITE 3000
MIAMI, FL 33131

Mailing Address
701 BRICKELL AVE., SUITE 3000
MIAMI, FL 33131



02192004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0546232

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 MGR
NAME GTA-IB, LLC
STREET ADDRESS 701 BRICKELL AVE., STE 3000
CITY-ST-ZIP MIAMI, FL 33131

TITLE CEOP
NAME BRADLEY, BLAIR W II
STREET ADDRESS 701 BRICKELL AVE., STE 3000
CITY-ST-ZIP MIAMI, FL 33131

TITLE ~~VP~~
NAME ~~RASCH, THOMAS H~~
STREET ADDRESS ~~701 BRICKELL AVE., STE 3000~~
CITY-ST-ZIP ~~MIAMI, FL 33131~~

TITLE VP
NAME WILT, KEITH R
STREET ADDRESS 701 BRICKELL AVE., STE 3000
CITY-ST-ZIP MIAMI, FL 33131

TITLE CFOS
NAME PETERS, SCOTT D
STREET ADDRESS 701 BRICKELL AVE., STE 3000
CITY-ST-ZIP MIAMI, FL 33131

TITLE AST
NAME CLIFFORD, TRACY S
STREET ADDRESS 701 BRICKELL AVE., STE 3000
CITY-ST-ZIP MIAMI, FL 33131

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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: *Tracy Clifford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/5/04

Date

843-723-4653

Daytime Phone #