07-21-2004 90099 006 ****50.00

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED L02000035136

04 JUL 23 AM 11:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # L02000035136

1. Entity Name
GTA-IB, LLC

Principal Place of Business	Mailing Address
701 BRICKELL AVE. STE. 3000 MIAMI, FL 33131	701 BRICKELL AVE. STE. 3000 MIAMI, FL 33131

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07062004 Chg-LLC CR2E083 (10/03) 7/23

4. FEI Number
05-0546226
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REGISTERED AGENT CORPORATION 701 BRICKELL AVE. STE. 3000 MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GOLF TRUST OF AMERICA, L.P. 701 BRICKELL AVE., STE 3000 MIAMI, FL 33131	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GTA-IB Golf Resort, LLC 701 Brickell Ave., Ste 3000 Miami, FL 33131	☐ 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)723-4653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #