LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State
04-09-2003 90090 001 ***250.00

DOCUMENT # L02000035136

1. Entity Name

GTA-IB, LLC

J30263704

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
701 Brickell Avenue	701 Brickell Avenue
Suite, Apt. #, etc.: Suite 3000	Suite, Apt. #, etc.: Suite 3000
City & State: Miami, Fl	City & State: Miami, Fl
Zip: 33131 Country:	Zip: 33131 Country:

DO NOT WRITE IN THIS SPACE

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Intrastate Registered Agent Corporation

Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Avenue

Suite 3000

City: Miami **FL** Zip Code: 33131

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.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR
NAME	Golf Trust of America, L.P.
STREET ADDRESS	701 Brickell Ave., Ste. 3000
CITY-ST-ZIP	Miami, Fl 33131
TITLE	P, CEO
NAME	Blair, II, W. Bradley
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, R. Keith
STREET ADDRESS	701 Brickell Ave., Ste. 3000
CITY-ST-ZIP	Miami, Fl 33131
TITLE	S, CFO
NAME	Peters, Scott D.
STREET ADDRESS	701 Brickell Ave., Ste. 3000
CITY-ST-ZIP	Miami, Fl 33131
TITLE	T, AS
NAME	Clifford, Tracy S.
STREET ADDRESS	701 Brickell Ave., Ste. 3000
CITY-ST-ZIP	Miami, Fl 33131

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CITY-ST-ZIP	

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CR2E083B (12/02)

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 4/1/03 843-723-4653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #