2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (R2)

FILED
Jun 01, 2004 8:00 am
Secretary of State
04-22-2004 90356 041 ****50.00

DOCUMENT # L03000010599

1. Entity Name
GTC, LLC

34007803

MOORE CR2E083 (11/03)

Principal Place of Business	Mailing Address
40 S.E. 11TH AVENUE OCALA FL 34471	40 S.E. 11TH AVENUE OCALA FL 34471

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

4. FEI Number 27-0057577 ☐ 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
GULLING, DONALD 26 HEMLOCK TERRACE PASS OCALA FL 34472	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)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete ~~GULLING, DONALD~~ ~~26 HEMLOCK TERRACE PASS~~ ~~OCALA, FL 34472~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition GULLING, DONALD 26 Hemlock Terrace Pass Ocala, FL 34472 PARTNER
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete ~~WILLIAM L. TRICE~~ ~~2845 SE 37TH STREET~~ ~~OCALA, FL 34471~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition William L. Trice 2845 SE 37th Street Ocala, FL 34471 PARTNER
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete ~~JEFFERY P. CRIPPEN~~ 1970 S.E. 73RD LOOP OCALA, FL 34480	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Jeffery P. Crippen 1970 SE 73rd Loop Ocala, FL 34480 PARTNER
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: William L. Trice (WILLIAM L. TRICE) 4/22/04 352-732-4010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #