

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

03-25-2004 90214 022 ****50.00

DOCUMENT # L03000020944 1. Entity Name GT PROPERTIES, LLC																																																																							
Principal Place of Business 1548 LANCASTER TERR JACKSONVILLE, FL 32204			Mailing Address 1548 LANCASTER TERR JACKSONVILLE, FL 32204																																																																				
2. Principal Place of Business 800 James St Suite, Apt. #, etc.		3. Mailing Address 800 James St Suite, Apt. #, etc.																																																																					
City & State Jacksonville FL		City & State Jacksonville FL																																																																					
Zip 32205		Country 32205		4. FEI Number 06-1699371																																																																			
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable																																																																			
6. Name and Address of Current Registered Agent HAY, JONATHAN L 1548 LANCASTER TERR JACKSONVILLE, FL 32204			7. Name and Address of New Registered Agent Name Michael T Swafford Street Address (P.O. Box Number is Not Acceptable) 800 James St City Jacksonville FL Zip Code 32205																																																																				
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 Michael T Swafford DATE 2/3/04 (Signature, typed or printed name of registered agent and the fee if applicable. (NOTE: Registered Agent signature required when reappointing))																																																																							
Filing Fee is \$50.00 Due by May 1, 2004			9. State check payable to: Florida Department of State																																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS / MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS / CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%;">☐ Change ☒ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☒ Addition	STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS		CITY - ST - ZIP	CITY - ST - ZIP		CITY - ST - ZIP	CITY - ST - ZIP																																											
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes. SIGNATURE: Michael T Swafford Michael T Swafford DATE 1/30/04 PHONE 904 381 8877 (SIGNATURE AND TYPED OR PRINTED NAME OF SEVERAL MANAGING MEMBERS, MANAGER, OR AUTHORIZED REPRESENTATIVE) (Date) (Daytime Phone #)																																																																							