

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-07-2006 90216 012 ****50.00

DOCUMENT # L03000033869 1. Entity Name GTB PROPERTIES, LLC	
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Principal Place of Business 16266-1 SAN CARLOS BLVD. FORT MYERS, FL 33908	Mailing Address 16266-1 SAN CARLOS BLVD. FORT MYERS, FL 33908
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DO NOT WRITE IN THIS SPACE



01192006No Chg-LLC CR2E083 (11/05)

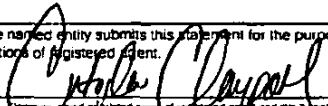
4. FEI Number 76-0740790	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

SCHOENFELD, LOWELL S
1520 ROYAL PALM SQUARE BLVD., STE. 320
FORT MYERS, FL 33919

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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  DATE 4-3-06

(Signature typed and printed name of Registered Agent and state if applicable. (NOTE: Registered Agent signature required when reappointing))

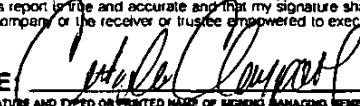
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLAYPOOL, CHRISTOPHER C 14360 MCGREGOR BLVD FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHRISTOPHER, CLAYPOOL C 14370 MCGREGOR BLVD FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 808, Florida Statutes.

SIGNATURE  DATE 4-19-06 DEVICE PHONE # 239-454-4880

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