FILED
Apr 26, 2006 8:00 am
Secretary of State
04-07-2006 90216 012 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000033869

1. Entity Name
GTB PROPERTIES, LLC

Principal Place of Business	Mailing Address
16266-1 SAN CARLOS BLVD. FORT MYERS, FL 33908	16266-1 SAN CARLOS BLVD. FORT MYERS, FL 33908

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

DO NOT WRITE 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 Christopher Claypool 4-3-06
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	CLAYPOOL, CHRISTOPHER C
STREET ADDRESS	14360 MCGREGOR BLVD
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	MGR
NAME	CHRISTOPHER, CLAYPOOL C
STREET ADDRESS	14370 MCGREGOR BLVD
CITY-ST-ZIP	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	

DO NOT WRITE 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 608, Florida Statutes.

SIGNATURE Christopher Claypool 4-19-06 239-454-4880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #