

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90065 019 ****50.00

DOCUMENT # L03000035305

1. Entity Name
GHT PROPERTIES, LLC



Principal Place of Business

202 LAKE MIRIAM DRIVE
SUITE W3
LAKELAND, FL 33813 US

Mailing Address

202 LAKE MIRIAM DRIVE
SUITE W3
LAKELAND, FL 33813 US

24060499



2. Principal Place of Business

6700S Florida Avenue

3. Mailing Address

6700S Florida Avenue

Suite, Apt. #, etc.

Suite 13

Suite, Apt. #, etc.

Suite 13

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33813

Country

USA

Zip

33813

Country

USA

03292004 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-0230259

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANCASTER, JOHN J
500 SOUTH FLORIDA AVENUE
SUITE 800
LAKELAND, FL 33801

7. Name and Address of New Registered Agent

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

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, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete

NAME TYSON, ANNE G

STREET ADDRESS 202 LAKE MIRIAM DRIVE, SUITE W3

CITY-ST-ZIP LAKELAND, FL 33813

TITLE MGRM ☐ Delete

NAME HARTMAN, PAUL J

STREET ADDRESS 202 LAKE MIRIAM DRIVE, SUITE W3

CITY-ST-ZIP LAKELAND, FL 33813

TITLE MGRM ☐ Delete

NAME GUTHRIE, NORMAN G

STREET ADDRESS 202 LAKE MIRIAM DRIVE, SUITE W3

CITY-ST-ZIP LAKELAND, FL 33813

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6700 South Florida Ave, Suite 13

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

Hartmann, Paul J.
6700 South Florida Ave, Suite 13

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

Guthrie, Norman D.
6700 South Florida Ave, Suite 13

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

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

Date

Daytime Phone #

4/27/04 (863) 648-0500