


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90027 042 ****50.00

| | |
|---|---|
| DOCUMENT # L03000035305 1. Entity Name GHT PROPERTIES, LLC |  |
|---|---|

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|--|--|
| Principal Place of Business 6700 S. FLORIDA AVENUE SUITE 13 LAKELAND, FL 33813 US | Mailing Address 6700 S. FLORIDA AVENUE SUITE 13 LAKELAND, FL 33813 US |
|--|--|

DO NOT WRITE IN THIS SPACE



02072005 No Chg-LLC

CR2E083 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 20-0230259 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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|---|
| 6. Name and Address of Current Registered Agent LANCASTER, JOHN J 500 SOUTH FLORIDA AVENUE SUITE 800 LAKELAND, FL 33801 |
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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.

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|---|--|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|---|--|------------|

**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM TYSON, ANNE G 6700 S. FLORIDA AVENUE, SUITE 13 LAKELAND, FL 33813 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM HARTMANN, PAUL J 6700 S. FLORIDA AVENUE, SUITE 13 LAKELAND, FL 33813 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM GUTHRIE, NORMAN D 6700 S. FLORIDA AVENUE, SUITE 13 LAKELAND, FL 33813 |
| 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 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:  N.D. Guthrie M.D. 4/24/05 (863) 648-0500 | Date | Daytime Phone # |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | | |