
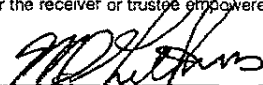


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000035305 1. Entity Name GHT PROPERTIES, LLC		
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		
6. Name and Address of Current Registered Agent LANCASTER, JOHN J 500 SOUTH FLORIDA AVENUE SUITE 800 LAKELAND, FL 33801		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		<p>U00000519887 05/02/06-80071-023 50.00</p> DO NOT WRITE IN THIS SPACE
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		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> 4/13/06 (863) 648-0500 <small>Date Daytime Phone #</small>		



01212006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0230259	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required