2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000035305

1. Entity Name

GHT PROPERTIES, LLC



Mailing Address

DO NOT WRITE IN THIS SPACE

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

FILED Apr 23, 2007 08:00 Al Secretary of State



04052007 No Chg-LLC

CR2E083 (11/05)

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

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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 aignature required when remetating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	TYSON, ANNE G
STREET ADORESS	6700 S. FLORIDA AVENUE, SUITE 13
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	MGRM
NAME	HARTMANN, PAUL J
STREET ADORESS	6700 S. FLORIDA AVENUE, SUITE 13
City-St-Zip	LAKELAND, FL 33813
TTLE	MGRM
NAME:	GUTHRIE, NORMAN D
STREET ADDRESS	6700 S. FLORIDA AVENUE, SUITE 13
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	·
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TTILE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby	certify that the information supplied with this filing does not qualify for the e

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11. I hereby certify that the information supplied with this filling 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

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

4/19/17

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