

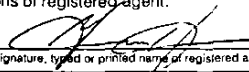
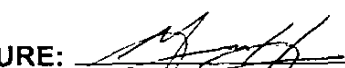


FILED
Feb 19, 2007 8:00 am
Secretary of State

UUU -

DOCUMENT # L04000019735				Secretary of State	
1. Entity Name G & T PARTNERS, LLC				02-19-2007 90193 036 ****50.00	
Principal Place of Business 4901 VINELAND RD, STE 340 ORLANDO, FL 32811		Mailing Address 4901 VINELAND RD, STE 340 ORLANDO, FL 32811			
2. Principal Place of Business - No P.O. Box # 6996 Piazza Grande Avenue Suite, Apt. #, etc. Suite 311		3. Mailing Address 6996 Piazza Grande Avenue Suite, Apt. #, etc. Suite 311		02012007 Chg-LLC CR2E083 (12/06)	
City & State Orlando, Florida Zip 32835		City & State Orlando, Florida Zip 32835		4. FEI Number 20-2168002 Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HILL, GRANT - 4901 VINELAND ROAD, SUITE 340 ORLANDO, FL 32811				Name	
				Street Address (P.O. Box Number is Not Acceptable) 6996 Piazza Grande Avenue	
				Suite 311	
City Orlando				FL Zip Code 32835	
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILL, GRANT 4901 VINELAND ROAD, SUITE 340 ORLANDO, FL 32811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6996 Piazza Grande Avenue, Suite 311 Orlando, FL 32835	
		<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  2/15/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					