


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000035530					
1. Entity Name GT ZURICH, LLC					
Principal Place of Business 1221 BRICKELL AVENUE MIAMI, FL 33131			Mailing Address 1221 BRICKELL AVENUE MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1270754	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GARRETT, RICHARD G 1221 BRICKELL AVENUE MIAMI, FL 33131			7. Name and Address of New Registered Agent Name CorpDirect Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue City Tallahassee FL Zip Code 32301		
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 a registered agent.					
SIGNATURE <i>Patricia Tadlock</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Patricia Tadlock, Asst. Sec.		DATE 4-29-08	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State		(NOTE: Registered Agent signature required when reinstating)	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENBERG TRAUIG PA 1221 BRICKELL AVENUE MIAMI, FL 33131	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600127280636 04/30/08--01009--024 **138.75	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Greenberg Traurig PA by David L. K... Assistant Treasurer</i> 4/18/08 205-579-0500					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

FILED
08 APR 30 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04022008 Chg-LLC CR2E083 (12/06)