


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90035 037 ****50.00

DOCUMENT # L04000065724

1. Entity Name
GTHD INVESTMENTS LLC



Principal Place of Business
**217 PEBBLERIDGE DRIVE
 LEESBURG, GA 31763**

Mailing Address
**217 PEBBLERIDGE DRIVE
 LEESBURG, GA 31763**

2. Principal Place of Business
 Suite, Apt. #, etc. *500*

3. Mailing Address
 Suite, Apt. #, etc. *500*

City & State
 City & State

Zip Country Zip Country



08102005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1562767** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
OK
 City **FL** Zip Code

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 September 7, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ken Greene	NAME	
STREET ADDRESS	217 Pebble Ridge Dr	STREET ADDRESS	
CITY-ST-ZIP	Leesburg Ga 31763	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe Hopkins	NAME	
STREET ADDRESS	Rt 2 Box 4141	STREET ADDRESS	
CITY-ST-ZIP	Folkston, Ga 31537	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Falley	NAME	
STREET ADDRESS	815 6th Ave	STREET ADDRESS	
CITY-ST-ZIP	Albany Ga 31701	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa Dasher	NAME	
STREET ADDRESS	4022 Quail Hollow Rd	STREET ADDRESS	
CITY-ST-ZIP	Albany, Ga 31701 31721	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Dr. K. W. L.* **8-8-05** **229-439-2266**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #