

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079748

Entity Name: GSRT, LLC

FILED
Mar 16, 2006
Secretary of State

Current Principal Place of Business:

7232 GROVE AVENUE
WINTER PARK, FL 32792 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 2516
GOLDENROD, FL 32733 US

New Mailing Address:

FEI Number: 20-1829155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMALLEY & COMPANY, P.A.
1517 E HILLCREST STREET
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TISCHER, ROBERT H III
Address: P O BOX 148
City-St-Zip: GOLDENROD, FL 32733 US

Title: MGRM () Delete
Name: SNYDER, GEORGE
Address: 7512 DR PHILLIPS BLVD #50-310
City-St-Zip: ORLANDO, FL 32819 US

Title: MGRM (X) Delete
Name: TISCHER, ROBERT H JR.
Address: P O BOX 148
City-St-Zip: GOLDENROD, FL 32733 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: TISCHER, ROBERT H JR.
Address: P O BOX 148
City-St-Zip: GOLDENROD, FL 32733 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT H TISCHER

MGRM

03/16/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date