

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009431

FILED
Jul 03, 2006
Secretary of State

Entity Name: GATT PROPERTIES, LLC

Current Principal Place of Business:

2655 S.E. 6TH STREET
POMPANO BEACH, FL 33062 US

New Principal Place of Business:

2460 NW 17TH LANE
UNIT 2
POMPANO BEACH, FL 33064 US

Current Mailing Address:

2655 S.E. 6TH STREET
POMPANO BEACH, FL 33062 US

New Mailing Address:

2460 NW 17TH LANE
2
POMPANO BEACH, FL 33064 US

FEI Number: 20-2240164 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AMICONE, GUY C
2655 S.E. 6TH STREET
POMPANO BEACH, FL 33062 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: AMICONE, GUY C
Address: 2655 S.E. 6TH STREET
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: MGRM () Delete
Name: TOLERICO, ANTHONY R
Address: 10077 N.W. 20 STREET
City-St-Zip: CORAL SPRINGS, FL 33071 US

ADDITIONS/CHANGES:

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

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: GUY C. AMICONE

MGRM

07/03/2006

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