

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027536

Entity Name: GT3 CREATIVE LLC

FILED
Jul 06, 2007
Secretary of State

Current Principal Place of Business:

320 EUCLID AVE
S123
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

320 EUCLID AVE
S123
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 20-2528588 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:

SIEGLER, CARY L
1756 NORTH BAYSHORE DRIVE
26J
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

SIEGLER, CARY L
320 EUCLID AVE
SUITE S-123
MIAMI BEACH, FL 33139 US

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: CARY SIEGLER

07/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: SIEGLER, CARY L
Address: 320 ENCLID AVE S123
City-St-Zip: MIAMI BEACH, FL 33139

Title: AE () Delete
Name: ALLEN, ELIZABETH
Address: 320 EUCLID AVE S123
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: SIEGLER, CARY L
Address: 320 EUCLID AVE S123
City-St-Zip: MIAMI BEACH, FL 33139

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

I hereby certify that the information supplied with this filing does not qualify 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: CARY SIEGLER

P

07/06/2007

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