2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L05000045039

Entity Name: G.T. INVESTMENTS OF NICEVILLE, LLC

Current Principal Place of Business:

4507 FURLING LANE, SUITE 209
DESTIN, FL 32541

New Principal Place of Business:

1203 WINDWARD CIRCLE
NICEVILLE, FL 32578

Current Mailing Address:

4507 FURLING LANE, SUITE 209
DESTIN, FL 32541

New Mailing Address:

1203 WINDWARD CIRCLE
NICEVILLE, FL 32578

FEI Number: 20-3225426 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITEHEAD, R. SCOTT ESQ.
THE PLAZA
4507 FURLING LANE, SUITE 209
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

HAMMOND, ANNAMARIE
1203 WINDWARD CIRCLE
NICEVILLE, FL 32578 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: ANNAMARIE HAMMOND 04/28/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MS. ( ) Change (X) Addition
Name: HAMMOND, ANNAMARIE OP MGR
Address: 1203 WINDWARD CIRCLE
City-St-Zip: NICEVILLE, FL 32578 US

Title: MR. ( ) Change (X) Addition
Name: HAMMOND, GARY W SEC.
Address: 1203 WINDWARD CIRCLE
City-St-Zip: NICEVILLE, FL 32578 US

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: ANNAMARIE HAMMOND OPMG 04/28/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date