2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State 04-28-2006 90008 043 ****50.00

DOCUMENT # L05000082128 1. Entity Name ST. ANDREWS #3359, L.L.C.								04-2	28-2000 :	90008 (,4331	0.00		
Principal Place of Business 36750 US HIGHWAY 19 NORTH PALM HARBOR, FL 34684			Mailing Address 36750 US HIGHWAY 19 NORTH PALM HARBOR, FL 34684				(resure)	des Sales Ditte			WOOL HEIG WOEL IT	rwws sin awar		
2. Principal Place of Business GTA-IB, LLC			3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.				0109200	6 Chg	-LLC	CR2E	083 (11/05)				
City & State			City & State				4. FEI Nun 20-1	nber 390026	50			oplied For ot Applicable		
Zip	Zip Country		Zip Country				5. Certificate of Status Desired See Required							
6. Name and Address of Current Registered Agent							7. Name a	nd Addres	s of New R	egistered	Agent			
ELLIOTT, HERBERT 36750 US HIGHWAY 19 NORTH PALM HARBOR, FL 34684					Name							,		
				Street A	ddress (F	P.O. Box Nur	nber is Not	Acceptable						
	•				City						Zip Cod	e .		
The above named entity submits this statement for the purpose of changing its register.					<u></u>	register	ad agent or	hoth in the	State of Flo	FI	- '			
		tered agent.	and parpose or onlying no	rogistor	00.000	rogiator	o agon, or	2000, 117 (7)		yrica. Tan	1 14111114	and dooopt		
SIGNATURE .	Signature, typed	d or printed name of registered agent at	nd title if applicable. (NOT	E: Registere	d Agent signat	ure required	when reinstating)			DATE		····		
		Filing Fee is \$50.00 Due by May 1, 2006							Make check payable to Florida Department of State					
Fi Di	lina Fee	is \$50.00										9		
Fi De	ling Fee ue by Ma	is \$50.00	RS/MANAGERS	10.				,		a Departr	nent of State			
Di	MGR GTA-IB, L	is \$50.00 y 1, 2006 MANAGING MEMBER	RS/MANAGERS A Delete	NAM STRE		3675	IB, LL	C ighway	Florida ADDITIONS	Departm CHANGE	nent of State	● K] Addition		
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limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: 4/2
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE