


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90325 046 ***138.75

DOCUMENT # L05000100442 1. Entity Name GPT PROPERTIES, LLC					
Principal Place of Business 15585 NORTHEAST JACKSONVILLE ROAD CITRA, FL 32113			Mailing Address 21601 SW 154 AVE MIAMI, FL 33170		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 13221 SW 216 TER			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State MIAMI - FL		4. FEI Number 20-4310552	
Zip		Zip 33170		Country USA	
- 6. Name and Address of Current Registered Agent:				7. Name and Address of New Registered Agent	
DODD, TIM 15585 NORTHEAST JACKSONVILLE ROAD CITRA, FL 32113				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State		DATE _____	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DODD, TIM 15585 NORTHEAST JACKSONVILLE ROAD CITRA, FL 32113	<input type="checkbox"/> Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<div style="display: flex; justify-content: space-between;"> <div> 4/18/08 <small>Date</small> </div> <div> 305-2451090 <small>Daytime Phone #</small> </div> </div>					