



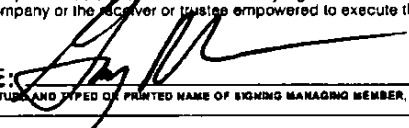
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L06000004931

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 APR 20 PM 4:30

FILED

DOCUMENT # L06000004931			
1. Entity Name GTRM INVESTMENTS, L.L.C.			
Principal Place of Business 604 W. JAMES LEE BOULEVARD CRESTVIEW, FL 32536 US		Mailing Address 604 W. JAMES LEE BOULEVARD CRESTVIEW, FL 32536 US	
2. Principal Place of Business - No P.O. Box # 2614 GREEN CROSSING DRIVE Suite, Apt. #, etc.		3. Mailing Address 2614 GREEN CROSSING DRIVE Suite, Apt. #, etc.	
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL	
Zip 32309	Country U.S.	Zip 32309	Country U.S.
4. FEI Number 59-3161987		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MCSWAIN, THOMAS R 114 LONDON AVENUE FORT WALTON BEACH, FL 32548		7. Name and Address of New Registered Agent Name: MCSWAIN, THOMAS R. Street Address (P.O. Box Number is Not Acceptable): 2614 GREEN CROSSING DRIVE City: TALLAHASSEE FL Zip Code: 32309	
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:  (NOTE: Registered Agent signature required when reconstituting) DATE: _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCMORROW, GARY 604 W. JAMES LEE BOULEVARD CRESTVIEW, FL 32536 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  4/1/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			