


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 APR -3 PM 1:54

DOCUMENT # L06000022359 1. Entity Name GT VENTURES, LLC																																					
Principal Place of Business C/O 20801 BISCAYNE BLVD. STE. 501 AVENTURA, FL 33180 US			Mailing Address C/O 20801 BISCAYNE BLVD. STE. 501 AVENTURA, FL 33180 US																																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address C/O Julian Telias P.O. Box 800331 Miami FL 33180																																			
City & State Zip		City & State Miami FL Zip 33280		4. FEI Number 20-4639687																																	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																			
6. Name and Address of Current Registered Agent LEOPOLD, KORN & LEOPOLD, P.A. 20801 BISCAYNE BLVD. STE. 501 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name Julian Telias Street Address (P.O. Box Number is Not Acceptable) 20801 Biscayne Blvd Suite # 501 Aventura FL 33180																																		
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 <u><i>Julian Telias</i></u> DATE <u>3/26/08</u> <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 \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State																																	
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> MGR TELIA, JULIAN C/O 20801 BISCAYNE BLVD., STE. 501 AVENTURA, FL 33180 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TELIA, JULIAN C/O 20801 BISCAYNE BLVD., STE. 501 AVENTURA, FL 33180 <input type="checkbox"/> Delete															10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition 000121792550 04/01/08--01021--005 **277.50 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000121792550 04/01/08--01021--005 **277.50														
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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: <u><i>Julian Telias</i></u> DATE <u>3/26/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																					