

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061095

Entity Name: GTO, LLC

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

7225 N UNIVERSITY DR
STE 202
TAMARAC, FL 33321

New Principal Place of Business:

7225 N UNIVERSITY DRIVE
SUITE 202
TAMARAC, FL 33321

Current Mailing Address:

7225 N UNIVERSITY DR
STE 202
TAMARAC, FL 33321

New Mailing Address:

7225 N UNIVERSITY DRIVE
SUITE 202
TAMARAC, FL 33321

FEI Number: 20-4965584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORKSON, ELLIOT
1313 SOUTH ANDREWS AVE.
FT. LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TROIANO, CHRISTOPHER J
Address: 7225 N UNIVERSITY DR #202
City-St-Zip: TAMARAC, FL 33321 US

Title: MGR () Delete
Name: GERARD, FREDERIC M
Address: 7225 N UNIVERSITY DR #202
City-St-Zip: TAMARAC, FL 33321 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TROIANO, CHRISTOPHER J MD
Address: 7225 N UNIVERSITY DR #202
City-St-Zip: TAMARAC, FL 33321 US

Title: MGR (X) Change () Addition
Name: GERARD, FREDRIC M MD
Address: 7225 N UNIVERSITY DR #202
City-St-Zip: TAMARAC, FL 33321 US

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTOPHER J TROIANO, MD

MGR

04/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date