

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90048 045 ****50.00

DOCUMENT # L06000081439					
1. Entity Name GPT INVESTMENTS, LLC					
Principal Place of Business 5062 SAIL WIND CIRCLE ORLANDO, FL 32810			Mailing Address 5062 SAIL WIND CIRCLE ORLANDO, FL 32810		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-8754325	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent OWEN, BORRON 301 E. PINE STREET, SUITE 1400 ORLANDO, FL 32801			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		<input type="checkbox"/> Delete	TITLE	mGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Terry D. Shaw	
STREET ADDRESS			STREET ADDRESS	5062 Sail Wind Circle	
CITY-ST-ZIP			CITY-ST-ZIP	Orlando, Florida 32810	
TITLE		<input type="checkbox"/> Delete	TITLE	mGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Gary C. Skilton	
STREET ADDRESS			STREET ADDRESS	405 Forest Park Circle	
CITY-ST-ZIP			CITY-ST-ZIP	Longwood, Florida 32779	
TITLE		<input type="checkbox"/> Delete	TITLE	mGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Paul C. Rathbun	
STREET ADDRESS			STREET ADDRESS	1769 Elizabeth's walk	
CITY-ST-ZIP			CITY-ST-ZIP	Winter Park, Florida 32789	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Paul C. Rathbun</u> Paul C. Rathbun			4-26-07 (407) 497-2232		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		