

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000052990

FILED  
Jan 28, 2008  
Secretary of State

Entity Name: GT INVESTMENTS OF OCALA, LLC

**Current Principal Place of Business:**

4851 WEST STATE ROAD 40  
OCALA, FL 34482

**New Principal Place of Business:**

**Current Mailing Address:**

4851 WEST STATE ROAD 40  
OCALA, FL 34482

**New Mailing Address:**

FEI Number: 26-0517279

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEAN, MICHAEL E  
230 NE 25TH AVENUE, STE. 100  
OCALA, FL 344709009 US

**Name and Address of New Registered Agent:**

WEEKS, TIMOTHY W  
4851 W HWY 40  
OCALA, FL 34482 US

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: TIMOTHY W WEEKS

01/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WEEKS, TIMOTHY W  
Address: 4851 WEST STATE ROAD 40  
City-St-Zip: OCALA, FL 34482

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: WEEKS, GRADY W  
Address: 4851 W HWY 40  
City-St-Zip: OCALA, FL 34482

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: TIMOTHY W WEEKS

MGR

01/28/2008

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