S08226900015

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/7/2008-90009-015-$138.75-$138.75

FILED

2008 SEP 24 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000072633

1. Entity Name
GKT INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
2250 LAKE LUCIEN WAY STE 200 MAITLAND, FL 32751	2250 LAKE LUCIEN WAY STE 200 MAITLAND, FL 32751

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

06232008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0532357 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PURCELL, CHERYL A 12842 FORESTEDGE CIR ORLANDO, FL 32828	Name: Geoffrey K. Thomas Street Address (P.O. Box Number is Not Acceptable): 1751 Meadowgold Lane City: Winter Park FL Zip Code 32792

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 [signature] 8/5/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75 Due by September 12, 2008	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		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Geoffrey K Thomas MM 1751 Meadowgold Lane Winter Park FL 32792 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 8/5/08 321 206 1966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #