2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109939

Entity Name: GTP, LLC

Address:

City-St-Zip:

308 EAGLE RIDGE ROAD

SUMMERVILLE, SC 29485

FILED Mar 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1983 CENTRE POINTE BOULEVARD SUITE 200 TALLAHASSEE, FL 32308 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 12500 TALLAHASSEE, FL 32317 FEI Number: 26-1347429 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHWARTZ, GEOFFREY B 1983 CENTRE POINTE BOULEVARD SUITE 200 TALLAHASSE, FL 32308 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete SCHWARTZ, GEOFFREY B Name: Name: Address: 1983 CENTRE POINTE BOULEVARD, SUITE 200 Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SCHWARTZ, THOMAS M Name: Address: 5603 OAKWOOD COVE, APARTMENT 201 Address: City-St-Zip: AUSTIN, TX 78731 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SCHWARTZ, PETER F Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: GEOFFREY B. SCHWARTZ MGRM 03/30/2009