


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90067 001 \*\*\*138.75

**DOCUMENT # L07000117784**

1. Entity Name  
**GMT REAL ESTATE, LLC**



Principal Place of Business      Mailing Address  
 7765 S.W. 87TH AVE.      12035 SW 77TH TERRACE  
 SUITE 109      MIAMI, FL 33183    US  
 MIAMI, FL 33173    US

**60009650**



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

02122008    Chg-LLC      CR2E083 (12/06)

**6. Name and Address of Current Registered Agent-**

**TOLEDO, GILBERT**  
**12035 SW 77TH TERRACE**  
**MIAMI, FL 33183**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	TOLEDO, GILBERT	
STREET ADDRESS	12035 SW 77TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	TOLEDO, VICKY	
STREET ADDRESS	12035 SW 77TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** *[Signature]*      2/16/08      305 270-3222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #