

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050278

Entity Name: GBTD, LLC

FILED  
Sep 17, 2009  
Secretary of State

**Current Principal Place of Business:**

9513 SEATURTLE DRIVE  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

9513 SEATURTLE DRIVE  
PLANTATION, FL 33324

**New Mailing Address:**

1000 CORPORATE DRIVE  
SUITE 700  
FORT LAUDERDALE, FL 33334

FEI Number:  FEI Number Applied For (X)  FEI Number Not Applicable ( )  Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

LAWRENCE A. LEVINE, P.A.  
790 E. BROWARD BLVD  
SUITE 302  
FORT LAUDERDALE, FL 33301 US

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

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:**

Title: MGR  Delete  
Name: SCHULMAN, DAVID B  
Address: 9513 SEATURTLE DRIVE  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES:**

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

Title: MGR  Delete  
Name: SCHULMAN, CARRIE  
Address: 9513 SEATURTLE DRIVE  
City-St-Zip: PLANTATION, FL 33324

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

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: CARRIE SCHULMAN

MGR

09/17/2009

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