

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 29, 2011
Secretary of State

Entity Name: GIBRALTAR PRIVATE SUCCESSION PLANNING, L.L.C.

Current Principal Place of Business:

220 ALHAMBRA CIRCLE, 5TH FLR
CORAL GABLES, FL 331345101

New Principal Place of Business:

Current Mailing Address:

220 ALHAMBRA CIRCLE, 5TH FLR
CORAL GABLES, FL 331345101

New Mailing Address:

FEI Number: 80-0454804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAKER, LAURA
220 ALHAMBRA CIRCLE, 5TH FLR
CORAL GABLES, FL 331345101 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: MGRM
Name: GIBRALTAR PRIVATE BANK & TRUST
Address: 220 ALHAMBRA CIRCLE, 5TH FLR
City-St-Zip: CORAL GABLES, FL 331345101

Title: DC
Name: HAYWORTH, STEVEN D
Address: 220 ALHAMBRA CIRCLE, 5TH FLR
City-St-Zip: CORAL GABLES, FL 331345101

Title: DP
Name: HENRIQUES, ADOLFO
Address: 220 ALHAMBRA CIRCLE, 5TH FLR
City-St-Zip: CORAL GABLES, FL 331345101

Title: DT
Name: MCCROSKEY, RICHARD
Address: 220 ALHAMBRA CIRCLE 5TH FLR
City-St-Zip: CORAL GABLES, FL 331345101

Title: D
Name: RAFFALSKI, PETER
Address: 220 ALHAMBRA CIRCLE 5TH FLR
City-St-Zip: CORAL GABLES, FL 331345101

Title: DV
Name: LAPIDES, MATTHEW
Address: 220 ALHAMBRA CIRCLE, 5TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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: LEIGH DUFF

VS

04/29/2011

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