

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000120788

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** GB TROPICAL RESTORATION, LLC

**Current Principal Place of Business:**

844 SOUTH STREET  
FORT MYERS BEACH, FL 33931 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2330  
FORT MYERS BEACH, FL 33932 US

**New Mailing Address:**

**FEI Number:** 27-4008924      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WALINSKI, BARRY E PRES  
844 SOUTH STREET  
FORT MYERS BEACH, FL 33931 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:** WALINSKI, BARRY E  
**Address:** 844 SOUTH STREET  
**City-St-Zip:** FORT MYERS BEACH, FL 33931 US

**Title:** MGRM  
**Name:** ALTENBAUGH, KENNETH J JR.  
**Address:** 10631 AQUA VISTA LN.  
**City-St-Zip:** NORTH FORT MYERS, FL 33907 US

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: BARRY WALINSKI      PRES      04/30/2011

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