

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000144446

FILED  
Apr 30, 2012  
Secretary of State

Entity Name: GPM TRUST, LLC

**Current Principal Place of Business:**

9611 NORTH U.S. HWY. 1  
SUITE 185  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

9611 NORTH U.S. HWY. 1  
SUITE 185  
SEBASTIAN, FL 32958

**New Mailing Address:**

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

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

GRAY, ICELYN DR.  
8803 LAKE MABEL DRIVE  
ORLANDO, FL 32836 US

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

BARKSDALE, DELIA MS.  
9611 NORTH U.S. HWY 1  
SEBASTIAN, FL 32836 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: DELIA BARKSDALE

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MCCROEY, STEVEN DR.  
Address: 961 FULTON WAY  
City-St-Zip: SEBASTIAN, FL 32958

Title: MGRM  
Name: PALMORE, CHIKETA ATTY  
Address: 9611 NORTH U.S. HWY 1  
City-St-Zip: SEBASTIAN, FL 32958

Title: MGRM  
Name: GREEN, IVOL MR.  
Address: 9611 NORTH U.S. HWY 1  
City-St-Zip: SEBASTIAN, FL 32958

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: DR. STEVEN MCCROEY

MGRM

04/30/2012

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