

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90028 033 \*\*\*\*50.00

<b>DOCUMENT # L96000001038</b>					
<b>1. Entity Name</b> G.G.T., L.C.					
<b>Principal Place of Business</b> 1528 ATARES DRIVE., #112 PUNTA GORDA, FL 33950			<b>Mailing Address</b> C/O JACK O. HACKETT II, ESQUIRE P.O. DRAWER 511447 PUNTA GORDA, FL 33951-1447		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 99 NESBIT STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State PUNTA GORDA, FL		<b>4. FEI Number</b> 65-0707047	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip 33950		Country US		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> HACKETT, JACK O II, ESQ 99 NESBIT STREET PUNTA GORDA, FL 33950			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
FL			FL		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOWER, JUDITH A 1528 ATARES DR., #112 PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOWER, THOMAS M 2175 GULFVIEW DRIVE PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOWLES, TIMOTHY B 2825 TAMIAH TRAIL PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Towles, Timothy B. 2705 Tamiah Trail, Suite 411 Punta Gorda, FL 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Towles, Timothy B. 2705 Tamiah Trail, Suite 411 Punta Gorda, FL 33950	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Towles, Timothy B. 2705 Tamiah Trail, Suite 411 Punta Gorda, FL 33950	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Towles, Timothy B. 2705 Tamiah Trail, Suite 411 Punta Gorda, FL 33950	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <u>Judith A Gower</u> <u>Judith A Gower</u> <u>2/25/05</u> <u>941-637-8721</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					