

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000001038

Entity Name: G.G.T., L.C.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

1528 ATARES DRIVE., #112
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

C/O JACK O. HACKETT II
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 65-0707047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HACKETT, JACK O II
99 NESBIT STREET
PUNTA GORDA, FL 33950 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 () Delete
Name: GOWER, JUDITH A
Address: 1528 ATARES DR., #112
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: MGRM () Delete
Name: GOWER, THOMAS M
Address: 2175 GULFVIEW DRIVE
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: MGRM () Delete
Name: TOWLES, TIMOTHY B
Address: 2705 TAMIMI TRAIL, SUITE 411
City-St-Zip: PUNTA GORDA, FL 33950 US

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: TOWLES, TIMOTHY B
Address: 25494 SHORE DRIVE
City-St-Zip: PUNTA GORDA, FL 33950 US

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: JUDITH A. GOWER

MGRM

04/16/2009

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