## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000002875

1. Entity Name

GT HOLDINGS INTERNATIONAL, LLC

Principal Place of Business

Mailing Address

1182 E. NEWPORT CENTER DR. DEERFIELD BEACH, FL 33442

1182 E. NEWPORT CENTER DR. DEERFIELD BEACH, FL 33442

FILED Jan 29, 2007 08:00 AM Secretary of State



01252007 No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number |                   | Applied For    |
|---------------|-------------------|----------------|
| 65-0931794    |                   | Not Applicable |
|               | \$5.00 Additional |                |

5. Certificate of Status Desired

PO.UU Additiona Fee Required

6. Name and Address of Current Registered Agent

RACK, GARY 1182 E. NEWPORT CENTER DR. DEERFIELD BEACH, FL 33442

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| 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.   |                                |
|    |  |                                |

SIGNATURE.

Ignature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

## Filing Fee is \$50.00 Due by May 1, 2007

| 9.  | MANAGING MEMBERS/MANAGERS   |
|---|---|
| TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS | MGR SM MARKETING OF NORTH CAROLINA, INC. 1182 E. NEWPORT CENTER DR. DEERFIELD BEACH, FL 33442 |
| CITY-SI-ZIP TITLE NAME  |   |
| STREET ADDRESS CITY-ST-ZIP                                      |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                           |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                           |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                           |   |

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Forida Statutes, 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.

**SIGNATURE:** 

JRE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

954-281-2100

Date

Daytime Phone #