
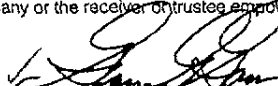


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 12, 2004 08:00 AM
Secretary of State**

DOCUMENT # L99000007390		
1. Entity Name GT ASSOCIATES, L.L.C.		
Principal Place of Business 2822 PROCTOR ROAD SUITE A SARASOTA, FL 34231	Mailing Address 2822 PROCTOR ROAD SUITE A SARASOTA, FL 34231	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GORRIE, GRAEME G 2822 PROCTOR ROAD SUITE A SARASOTA, FL 34231		DO NOT WRITE IN THIS SPACE
3. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
Filing Fee is \$50.00 Due by May 1, 2004		
8. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GORRIE, GRAEME G 2822 PROCTOR ROAD SUITE A SARASOTA, FL 34231	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRITSCHLER, ROBERT J 2822 PROCTOR ROAD SUITE A SARASOTA, FL 34231	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
SIGNATURE: 		Date: 1/9/04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Daytime Phone #</small>



01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0597564

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

000000002868
01/13/04-80032-003 50.00