



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90079 007 \*\*\*\*50.00

|  |   |                                 |  |   |  |
|--|---|---------------------------------|--|---|--|
| <b>DOCUMENT # L99000007732</b><br>1. Entity Name<br><b>GBLH PARCEL T-II, LLC</b>   |   |                                 |  |  |  |
| Principal Place of Business<br><b>3200 TAMiami TRAIL N., SUITE 200<br/>NAPLES, FL 34103</b>  |   |                                 | Mailing Address<br><b>3200 TAMiami TRAIL N., SUITE 200<br/>NAPLES, FL 34103</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |   |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |
| City & State   |   |                                 | City & State   |   |  |
| Zip  |   | Country                         |  | Zip   |  |
| Country  |   | Country                         |  | 01102007 Chg-LLC CR2E083 (12/06)  |  |
| 4. FEI Number<br><b>65-1039220</b>   |   |                                 |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |                                 |  | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>WOODWARD, MARK J<br/>3200 TAMiami TRAIL N., SUITE 200<br/>NAPLES, FL 34103</b>  |   |                                 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |                                 |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |   |                                 |  | <b>Make check payable to<br/>Florida Department of State</b>                      |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |                                 | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGR<br/>FERRAO, AUBREY J<br/>3470 CLUB CENTER BLVD.<br/>NAPLES, FL 341140816</b> | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete |  |   |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |   |                                 | 1/22/07 (239) 732-9400   |   |  |
| <b>SIGNATURE:</b>   |   |                                 |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE<br><b>Joseph Livio Parisi, As Authorized Representative</b>  |   |                                 |  |   |  |

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