2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000001841

1. Entity Name
GTA WEKIVA, LLC

Principal Place of Business	Mailing Address
14 N. ADGER'S WHARF CHARLESTON, SC 29401	14 N. ADGER'S WHARF CHARLESTON, SC 29401

2. Principal Place of Business	3. Mailing Address
10 N. Adger's Wharf	10 N. Adger's Wharf
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01052005   Chg-LLC   CR2E083 (10/03)

City & State	City & State	4. FEI Number	
		57-1121206	Applied For / Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City ____ FL ____ 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 _____
Signature, 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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE: P NAME: BLAIR II, W BRADLEY STREET ADDRESS: 14 N ADGAR'S WHARF CITY-ST-ZIP: CHARLESTON, SC 29401	☐ Delete		TITLE: NAME: STREET ADDRESS: 10 N Adger's Wharf CITY-ST-ZIP:	☒ Change	☐ Addition
TITLE: S NAME: PETERS, SCOTT D STREET ADDRESS: 14 N ADGER'S WHARF CITY-ST-ZIP: CHARLESTON, SC 29401	☐ Delete		TITLE: NAME: STREET ADDRESS: 10 N Adger's Wharf CITY-ST-ZIP:	☒ Change	☐ Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change	☐ Addition

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: _____ W. Bradley Blair II. 1/5/05 (843) 723-4653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #