

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 25, 2007 8:00 am
Secretary of State

05-25-2007 90027 006 ***150.00

DOCUMENT # P98000094329	
1. Entity Name	
THE GP PROPERTY MANAGEMENT CORPORATION	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 409 S OLD DIXIE HWY		3. Mailing Address PO BOX 8571	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LADY LAKE, FL		City & State CLEARWATER, FL	
Zip 32159	Country	Zip 33758-8571	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3550544	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name D. ROBERTS
Street Address (P.O. Box Number is Not Acceptable) 409 S OLD DIXIE HWY
City LADY LAKE
State FL
Zip Code 32159

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, D C/O 409 S OLD DIXIE HWY LADY LAKE, FL. 32159
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11.

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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: D. Roberts/D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/07