RALPH MOIL	State of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Busines	s Services	
	148 W. River S		
v	Providence RI 029	04-2615	
Cretary of Sta	(401) 222-30	40	
Limited Liability Comp Annual Report Filing Period: September 1 - I			
	-16-66(d), each limited liability company ) days after the time prescribed by law ( 5.00.		
ANNUAL REPORT YEAR: 2	011		
1. ID No. <u>000539893</u>			
2. Exact Name of the Limited Liability Company GTP Infrastructure Issuer, LLC			
3. State of Formation			
State: <u>DE</u>			
Operate and maintain teleco	mmunication facilities.		
5. Principal Office Address			
No. and Street: 750 PARK	OF COMMERCE BOULEVARD,	SUITE 300	
City or Town: BOCA RA		State: FL Zip: 33487	Country: USA
6. Mailing Address of Limi Contact Name: Contact Titl	ted Liability Company and Name or	Title of Contact Person:	
	OF COMMERCE BOULEVARD,	SUITE 300	
City or Town: BOCA RA		State: <u>FL</u> Zip: <u>33487</u>	Country: <u>USA</u>
7. Name and Address of E DO NOT LIST MEMBERS	ach Manager of the Limited Liability	Company, if Applicable.	
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Co	de, Country
•••••••••••••••••••••••••••••••••••••••	ODE ISLAND - DO NOT ALTER of Form 642 - R.I.G.L. 7-16-11		
NATIONAL CORPORATE	RESEARCH, LTD. 222 JEFFERSON B	OULEVARD WARWICK , RI 02888	
9. This report must be exe	cuted by an authorized person purs	uant to R.I.G.L. 7-16-66 (b).	

**Signed this 27 Day of October, 2011 at 1:56:47 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By <u>MARC C. GANZI</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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