


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000019952**

1. Entity Name  
**GC OF FLORIDA, LLC**



Principal Place of Business <b>950 MOODY ROAD          138          N. FT. MYERS, FL 33903</b>	Mailing Address <b>950 MOODY ROAD          138          N. FT. MYERS, FL 33903</b>
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01072007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>02-0697783</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MATLAND, RUDOLPH K  
 12995 CLEVELAND AVE.  
 107  
 FT. MYERS, FL 33907**

**DO NOT WRITE IN THIS SPACE**

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 re-registering) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BOREIKO, JOSEPH 950 MOODY ROAD #138 N. FT. MYERS, FL 33903</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR VOTTA, ANTHONY 28480 DEL LAGO WAY BONITA SPRINGS, FL 34135</b>
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 01/19/07-80054-023 50.00

**DO NOT WRITE IN THIS SPACE**

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.

**SIGNATURE:**  1/17/07 235-995-6302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #