


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 08:00 A
Secretary of State

DOCUMENT # L03000019952 1. Entity Name GC OF FLORIDA, LLC	
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Principal Place of Business 950 MOODY ROAD 138 N. FT. MYERS, FL 33903	Mailing Address 950 MOODY ROAD 138 N. FT. MYERS, FL 33903
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DO NOT WRITE IN THIS SPACE



02222008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 02-0697783	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

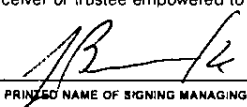
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BOREIKO, JOSEPH 950 MOODY ROAD #138 N. FT. MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR VOTTA, ANTHONY 28480 DEL LAGO WAY BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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 03/31/08-80003-006 138.75

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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:  Date: 3/7/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #