

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038596

FILED
Jan 15, 2007
Secretary of State

Entity Name: GM CAPITAL MANAGEMENT LLC

Current Principal Place of Business:

3015 SOUTH OCEAN BLVD.
STE 8B
HIGHLAND BEACH, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

3015 SOUTH OCEAN BLVD.
STE 8B
HIGHLAND BEACH, FL 33487 US

New Mailing Address:

FEI Number: 13-4201049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGELINSKI, ANN M
3015 SOUTH OCEAN BLVD.
STE. 8B
HIGHLAND BEACH, FL 33487 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GIACOMA, BRUCE M
Address: 3015 SOUTH OCEAN BLVD. 8B
City-St-Zip: HIGHLAND BEACH, FL 33487 US

Title: MGR () Delete
Name: GIACOMA, HELEN M
Address: 3015 SOUTH OCEAN BLVD. 8B
City-St-Zip: HIGHLAND BEACH, FL 33487 US

Title: MGR () Delete
Name: MAGELINSKI, ANN M
Address: 3015 SOUTH OCEAN BLVD. 8B
City-St-Zip: HIGHLAND BEACH, FL 33487 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANN MAGELINSKI

MGR

01/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date