


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

3 **FILED**
Mar 22, 2006 8:00 am
Secretary of State

03-02-2006 90136 019 ****50.00

DOCUMENT # L05000027688
 1. Entity Name
GCMT, LLC



Principal Place of Business Mailing Address
5 WHITTING PLACE **5 WHITTING PLACE**
PALM COAST, FL 32164 US **PALM COAST, FL 32164 US**

30002846



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02222006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent
WILK, CYNTHIA J
5 WHITTING PLACE
PALM COAST, FL 32164

4. FEI Number **20-2526615** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 resigning) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILK, GREGORY A 5 WHITTING PLACE PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Gregory A. Wilk* Date: 2-26-06 Daytona Phone #: 386 446 3892



ATTACHMENT
30002846

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2006

GCMT, LLC
5 WHITTING PLACE
PALM COAST, FL 32164 US

Subject: GCMT, LLC

Reference Number: **L05000027688**

Please be advised, we ~~have received~~ your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE
ANNUAL REPORTS SECTION