

# **2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000085744

**FILED**  
**Jul 29, 2008**  
**Secretary of State**

**Entity Name:** RFRG PORT CHARLOTTE, LLC

**Current Principal Place of Business:**

6020 WINTHROP TOWN CENTRE AVE  
RIVERVIEW, FL 33578

**New Principal Place of Business:**

2025 EAST SEVENTH AVENUE  
TAMPA, FL 33605 US

**Current Mailing Address:**

6020 WINTHROP TOWN CENTRE AVE  
RIVERVIEW, FL 33578

**New Mailing Address:**

2025 EAST SEVENTH AVENUE  
TAMPA, FL 33605 US

**FEI Number:** 20-3429817

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRIEL, ANTONY G  
6020 WINTHROP TOWN CENTRE AVE  
RIVERVIEW, FL 33578 US

**Name and Address of New Registered Agent:**

FEDOROVICH, DENNIS  
2025 EAST SEVENTH AVENUE  
TAMPA, FL 3605 US

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: DENNIS FEDOROVICH

07/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FRIEL, ANTONY G  
Address: 6020 WINTHROP TOWN CENTRE AVE  
City-St-Zip: RIVERVIEW, FL 33578

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GCF VENTURES, LLC,  
Address: 2025 EAST SEVENTH AVENUE  
City-St-Zip: TAMPA, FL 33605

I hereby certify that the information supplied with this filing does not qualify 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: DENNIS FEDOROVICH

MGRM

07/29/2008

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