


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000000861

1. Entity Name
GCI RESIDENTIAL, LLC



Principal Place of Business C/O GOLDBERG COMPANIES, INC. 25101 CHAGRIN BOULEVARD, SUITE 300 OHIO, FL 44122	Mailing Address C/O GOLDBERG COMPANIES, INC. 25101 CHAGRIN BOULEVARD, SUITE 300 OHIO, FL 44122
---	---



02242004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 reinstating)

Signature typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2004**

DATE: 05/05/04-80092-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDBERG, LARRY 25101 CHAGRIN BOULEVARD, SUITE 300 BEACHWOOD, OH 44122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDBERG, JORDAN A 25101 CHAGRIN BOULEVARD, SUITE 300 OHIO, FL 44122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELL, ERIC 25101 CHAGRIN BOULEVARD, SUITE 300 OHIO, FL 44122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 4/27/04 DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

LARRY GOLDBERG, PRESIDENT