


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M03000000861**

1. Entity Name  
**GCI RESIDENTIAL, LLC**



Principal Place of Business <b>C/O GOLDBERG COMPANIES, INC.          25101 CHAGRIN BOULEVARD, SUITE 300          OHIO, FL 44122</b>	Mailing Address <b>C/O GOLDBERG COMPANIES, INC.          25101 CHAGRIN BOULEVARD, SUITE 300          OHIO, FL 44122</b>
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04202006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**8. 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) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable


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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GOLDBERG, LARRY 25101 CHAGRIN BOULEVARD, SUITE 300 BEACHWOOD, OH 44122</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GOLDBERG, JORDAN A 25101 CHAGRIN BOULEVARD, SUITE 300 OHIO, FL 44122</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BELL, ERIC 25101 CHAGRIN BOULEVARD, SUITE 300 OHIO, FL 44122</b>
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 05/12/06-80008-002 50.00

**DO NOT WRITE  
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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 60B, Florida Statutes.

**SIGNATURE:**  **Date** **4/21/06** **Daytime Phone #** **216 831 6100**

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