

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90032 020 \*\*\*\*50.00

DOCUMENT # M05000005052

1. Entity Name  
 GDC IVANHOE, LLC



Principal Place of Business  
 100 SUMMIT LAKE DR  
 VALHALLA, NY 10595

Mailing Address  
 100 SUMMIT LAKE DR  
 VALHALLA, NY 10595

60040031



2. Principal Place of Business - No P.O. Box #  
 245 Saw Mill River Rd  
 Suite, Apt #, etc  
 2nd Floor  
 City & State  
 Hawthorne, NY  
 Zip  
 10532  
 Country  
 USA

3. Mailing Address  
 245 Saw Mill River Rd  
 Suite, Apt #, etc  
 2nd Floor  
 City & State  
 Hawthorne, NY  
 Zip  
 10532  
 Country  
 USA

03202007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
 20-3443247

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

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

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 swears to this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. I am fully aware and understand the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00  
 Due by May 1, 2007

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GINSBURG, SAMUEL 245 SAW MILL RIVER ROAD HAWTHORNE, NY 10532 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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: *Samuel Ginsburg* (68866 SHAPIRO) CFO 4/24/07 (914) 742-4405