# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 17, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L00000003959

1. Entity Name
GCP INTERNATIONAL LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 4586 NORTHWEST 25TH WAY<br>BOCA RATON, FL 33434 | 4586 NORTHWEST 25TH WAY<br>BOCA RATON, FL 33434 |

04102006No Chg-LLC CR2E083 (11/05)

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4. FEI Number
65-0997471
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000515163
04/29/06-80198-023 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGR |
| NAME | AGOSTINELLI, HORACIO JR |
| STREET ADDRESS | 4586 NORTHWEST 25TH WAY |
| CITY-ST-ZIP | BOCA RATON, FL 33434 |
| TITLE | MGR |
| NAME | AGOSTINELLI, HORACIO SR. |
| STREET ADDRESS | 4586 NORTHWEST 25TH WAY |
| CITY-ST-ZIP | BOCA RATON, FL 33434 |
| TITLE | MGR |
| NAME | ROZENWASSER, SERGIO |
| STREET ADDRESS | 4586 NORTHWEST 25TH WAY |
| CITY-ST-ZIP | BOCA RATON, FL 33434 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** _____ 4-14-2006 561-982-9739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #