


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000003959 1. Entity Name GCP INTERNATIONAL LLC	
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Principal Place of Business 4586 NORTHWEST 25TH WAY BOCA RATON, FL 33434	Mailing Address 4586 NORTHWEST 25TH WAY BOCA RATON, FL 33434
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04102007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0997471	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

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

**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 _____

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

U000000706513
04/24/07-80037-010 50.00

9. MANAGING MEMBERS/MANAGERS

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

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IN THIS SPACE**

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:  **HORACIO AGOSTINELLI** 4/10/07 561-982-9739

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

Date

Daytime Phone #