


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L00000003959</b><br>1. Entity Name<br>GCP INTERNATIONAL LLC |  |
|---|---|

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

**DO NOT WRITE IN THIS SPACE**



04072008 No Chg-LLC

CR2E083 (12/07)

|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>65-0997471                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional<br>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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000891459  
04/23/08-80027-003 138.75

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>AGOSTINELLI, HORACIO JR<br>4586 NORTHWEST 25TH WAY<br>BOCA RATON, FL 33434  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>AGOSTINELLI, HORACIO SR.<br>4586 NORTHWEST 25TH WAY<br>BOCA RATON, FL 33434 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>ROZENWASSER, SERGIO<br>4586 NORTHWEST 25TH WAY<br>BOCA RATON, FL 33434      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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 4/7/08 (561) 982-9739  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-MANAGED MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #