


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90316 027 ****50.00

DOCUMENT # L00000014558

1. Entity Name
 GC HOLDING GROUP, L.L.C.



Principal Place of Business
 1573 CROSSBEAM DRIVE
 CASSELBERRY, FL 32707

Mailing Address
 1573 CROSSBEAM DRIVE
 CASSELBERRY, FL 32707



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02282004 Chg-LLC CR2E083 (10/03)

City & State

4. FEI Number
03-8386819

Applied For
 Not Applicable

City & State

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOLTUN, JEFFREY M ESQ
 557 N. WYMORE ROAD, STE. 100
 MAITLAND, FL 32751

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR Delete
 NAME BELINSKY, PAMELA E
 STREET ADDRESS 1573 CROSSBEAM DRIVE
 CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE Change Addition
 NAME Pamela A. Belinsky
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Pamela A. Belinsky *[Signature]* **3-28-2004** 407-699-5405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #